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**PSYCHOSOCIAL INTERVENTIONS IN EMERGENCIES:
THEORETICAL MODELS AND THEIR ETHICAL AND
POLITICAL IMPLICATIONS IN THE VENEZUELAN
CONTEXT**

THE CASE OF UNICEF

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ABSTRACT

This dissertation presents an analysis of the models of psychosocial processes structuring UNICEF's psychosocial intervention after the emergency caused by the floods in Venezuela during 1999, and some of their political and ethical implications.

I discuss how UNICEF's intervention in the shelter of Fuerte Tiuna, in Caracas, provides a context in which discourses and practices construct the disaster as an event of a particular type, affording particular positions to those affected by it, and presenting the intervention as a reparative response that engages in different ways with these constructions. Specific issues explored by this dissertation include how practices and discourses construct the disaster and its impact on persons and communities; the nature of the psychosocial intervention; the subject; and the different forms of expertise involved in the intervention. Further, it examines how the intervention-as-designed is implemented and how the actual contact with the beneficiary population generates changes not only in the implementation itself, but also in the conceptual frameworks displayed by UNICEF.

The analysis presents UNICEF's psychosocial intervention as a practice that is simultaneously material and discursive. The participation of experts, the use of specific resources, the deployment of techniques and their devices, the organisation of time and space within the intervention, can all be considered as supporting certain notions of the disaster, its impact and its solution, which organise the models of the psychosocial.

The main issues that appear as relevant for the analysis are related to the way in which the intervention constructs the disaster as a psychosocial problem; the appeal to the notion of trauma to explain the impact on those affected; the disciplinary, ethical and political implications of the different forms of understanding suffering in the Venezuelan contemporary context and how the notions put forward by UNICEF's intervention engage with the social dynamics in Venezuela, in particular with the processes associated with the social and political polarisation.

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This dissertation is dedicated to my mother, Isabel Teresa Mora Montbrún.

DECLARATIONS

This dissertation is the result of my own work and includes nothing which is the outcome of work done in collaboration except where specifically indicated in the text.

This dissertation does not exceed the word limit set by the Degree Committee of the Faculty of Social and Political Sciences of the University of Cambridge.

ABBREVIATIONS

AD	Acción Democrática [Democratic Action]
APA	American Psychiatric Association
AVEPSO	Asociación Venezolana de Psicología Social [Venezuelan Association of Social Psychology]
CEAMIL	Centro de Alistamiento Militar [Centre for Military Enlistment]
CEPAL	Comisión Económica para América Latina [Latin American Economic Commission]
CONAVI	Consejo Nacional de la Vivienda [National Housing Council]
COPEI	Comité de Organización Política Electoral Independiente [Christian Democrat Party]
CORPOVARGAS	Corporación para la Recuperación y Desarrollo del Estado Vargas [Corporation for the Recovery and Development of Vargas State]
CRC	Convention on the Rights of the Child
CUFAN	Comando Unificado de las Fuerzas Armadas Nacionales [Unified Command of the National Armed Forces]
DHA	Department of Humanitarian Affairs of the United Nations
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECHO	European Community Humanitarian Office
EMOPS	UNICEF's Office of Emergency Programmes
ESARO	UNICEF's Eastern and Southern Africa Regional Office
FUS	Fondo Unico Social [Unique Social Fund]
GNP	Gross National Product
IRC	International Rescue Committee
MAS	Movimiento al Socialismo [Movement towards Socialism]
MSDS	Ministerio de Salud y Desarrollo Social [Ministry of Health and Social Development]
MSF	Medecins Sans Frontieres
NGOs	Non-governmental organisations
NTC	National Trauma Centre
PAHO	Pan-American Health Organisation
PTSD	Post-Traumatic Stress Disorder
SCF	Save the Children
SR	Situation Report
UCAB	Universidad Católica Andrés Bello [Catholic University Andrés Bello]
UCV	Universidad Central de Venezuela [Central University of Venezuela]
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

PART I

CHAPTER 1

PSYCHOSOCIAL INTERVENTIONS IN EMERGENCIES: THEORETICAL FRAMEWORKS AND EMERGING QUESTIONS

During the 1980s, psychosocial interventions emerged as a new type of relief and rehabilitation work in the context of emergencies. This form of intervention addresses the issues of the individual and collective suffering generated by emergencies. Psychosocial work has been developed from different theoretical frameworks, employing a variety of methods and pursuing different objectives. Although particular interventions have been the object of analysis, substantive issues about the implications of the different theoretical frameworks involved and their ethical and political implications –both for organizations and for targeted populations— have remained for the most part unexamined.

In order to discuss and frame these issues, this section reviews the tensions that have informed the debate about psychosocial interventions in emergencies and that provide the background for the central concerns that guided this research. In this way, while the current debate tends to focus on the nature of traumatic events, the construction of the psychosocial, and the impact of the disaster on persons and communities, these issues will be explored as they allow to address wider topics such as the functioning of disciplinary power within interventions, the construction of the impact and its implications for the social dynamics in Venezuela, and the ethical and political implications of psychosocial interventions for organizations and societies involved.

RELIEF AND HUMANITARIAN ASSISTANCE IN EMERGENCIES: THE ADVENT OF PSYCHOSOCIAL INTERVENTIONS

The increasing incidence of man-made disasters after the Second World War was accompanied by the proliferation of humanitarian agencies to provide relief and rehabilitation aid to victims in affected societies. Amongst these, non-governmental organisations (NGOs) from the North have emerged as prominent actors in terms of

scope of action and resources deployed, nowadays collectively transferring more resources to the South than the World Bank (Duffield, 1994).

Until the late 1980s, the cost of emergencies was assessed mainly in terms of physical damage to people, to infrastructure and to the economic capabilities of a country. Relief and rehabilitation efforts were therefore focused on the provision of material help to those deemed more vulnerable amongst refugees, the famine-stricken or populations in conflict (Harrell-Bond, 1986). During that time, few references were made to the psychological or psychosocial impact of emergencies, this issue being virtually absent from relief and rehabilitation programmes. Several practitioners and scholars noted and criticised this absence (Baker, 1983; Harrell-Bond, 1986).

However, by the end of the 1980s and the beginning of the 1990s, a new type of relief and rehabilitation work appeared: psychosocial interventions. A series of programmes, identified under the umbrella terms “psychosocial” or “trauma work” (Summerfield, 1999b) were implemented alongside food, health and shelter interventions in the context of emergencies (Bracken & Petty, 1998). Although this form of intervention was introduced in response to a wide variety of natural and man-made disasters, they were particularly pervasive in complex emergencies. These have been defined as major humanitarian crises of multi-causal nature that require system-wide response (DHA, 1993). Distinctive of areas of protracted economic and growing social vulnerability, they are “essentially political in nature” (Duffield, 1994, p. 38), frequently associated with non-conventional warfare, regional insecurity or situations of contested governance.

The impact of complex emergencies can be better appreciated by contrasting them with natural disasters or accidents. The latter are unintentional, punctual and non-provoked events that affect populations relatively randomly, and where the resulting suffering has not been induced by human agency and is not associated with the exercise of control in the midst of power struggles. Complex emergencies, on the contrary, are protracted and structural crises, in which the intentional exercise of systematic and organised violence over sectors of the population combines with profound economic and social inequalities that perpetuate the concentration of power. In these cases, suffering has an instrumental value as part of the political strategy, and the individual and collective impact of violence is an intended consequence of this action, a resource for control and subjugation of social relations. In complex emergencies, unlike natural disasters, it is

possible to identify ‘winners’ and ‘losers’ from the provoked cultural and political destruction (Duffield, 1994). Moreover, consciousness about the intentionality of the harm plays an important role in securing the power position of the ‘winners’ and the vulnerability and exclusion of the ‘losers’ (Beristain & Dona, 1997).

The acute and widespread suffering amongst vast sectors of the populations involved have been a distinguishing feature of complex emergencies. The particularity of this suffering has been explained by reference to the uncanny (Lira, Becker, & Castillo, 1989a; Rozitchner, 1990), which results when the violence of the traumatic events usually surpasses even the most perverted fantasy, thus subverting the boundary between reality and fantasy and amplifying the feeling of inertness and vulnerability amongst those affected. As a consequence, the traumatic is included as a component of personal and social life, while familiarity with death reveals that the traumatic has become chronic. The spread of terror guarantees social demobilisation, and with it, the perpetuation in power of those exerting violence.

The implementation of psychosocial interventions in complex emergencies has been criticised for constructing areas in conflict as the site of a “sort of mental health emergency” (Summerfield, 1999b), while marking the prominent entrance of Western mental health professionals in this burgeoning area of operations, premised on the assumption that there is “a distinct psychological fall-out of war for whole populations, and that this needed to be addressed in its own right” (Summerfield, 1999b, p. 1451). Despite such criticisms, psychosocial interventions have become part of the standard response of many international organisations not only in cases of complex emergencies but also following natural disasters.

POST-TRAUMATIC STRESS DISORDER AND THE RISE OF THE THERAPEUTIC

The conditions of possibility for psychosocial interventions in emergencies have been associated with the cultural trends that have dominated the Western world during the last decades (Bracken, 1998; Bracken & Petty, 1998; Summerfield, 1999b). Of particular significance is the rise of “a therapeutic culture of the self” (Rose, 1998b, p. 156) and the consolidation of a psychologically minded public who believes that psychological expertise can satisfy the promise of leading human beings “in the direction of happiness and fulfilment” (Rose, 1998b, p.157).

Outstanding amongst the psychological culture has been the diffusion, in recent years, of growing interest in the issue of trauma. Such interest seems to follow the adoption, in 1980, of the diagnostic category Post-Traumatic Stress Disorder (or PTSD) in the third edition of the Diagnostic and Statistical Manual of Mental Disorders or DSM-III (APA, 1980). PTSD can be considered the successor of previous formulations such as “shell shock”, “concentration camp syndrome” and “war neurosis”. The essential feature of PTSD is the establishment of a temporal-causal relation between an etiological event ‘out of the range of usual human experience’ and the development of characteristic symptoms.

The inclusion of PTSD in the DSM-III followed “a political struggle waged by psychiatric workers and activists on behalf of the large number of Vietnam War veterans who were then suffering the undiagnosed psychological effects of war-related trauma” (Young, 1995, p. 5). This diagnosis has practical implications as the relationship event Π symptom makes it a “service-connected disability” within the US Veterans Administration Medical Service and, consequently, a condition that grants access to treatment and material compensation. Although initially applied to the condition of US Vietnam war veterans, PTSD is presently used to diagnose a wide range of victims of negative events.

The emergence and consolidation of psychosocial interventions has also been related to the increasing relevance of ‘psy’ disciplines (psychology, psychiatry, psychoanalysis and so on) as indispensable elements of life and the identification of areas of conflict and disasters as sites of intervention where the available technical expertise can be turned into concrete programmes.

THE CONSOLIDATION OF PSYCHOSOCIAL INTERVENTION IN EMERGENCIES

By the early 1990s, a wide range of international organisations —such as the WHO, UNICEF, UNHCR, SCF and the International Catholic Child Bureau— were actively addressing the issue of the psychosocial impact of emergencies as part of their relief and rehabilitation work (Agger, Vuk, & Mimica, 1994; Harrell-Bond, 1996).

The proliferation of psychosocial and trauma projects during and after the war in the former Yugoslavia was considered “an entirely new phenomenon in the emergency aid response to war” (Richters, 1998, p. 120). During the peak years of the war in that country, more than 130 organisations developed psychosocial programmes, while

hundreds of psychologists worked in the area at one time or another (Richardson, 1998). International organisations devoted vast amounts of resources to this type of intervention. For example, the US-based International Rescue Committee received six million dollars to establish a psychosocial project in Croatia (Harrell-Bond, 1996), while the European Community Humanitarian Office (ECHO) funded 15 NGOs to undertake psychosocial work in the region (Agger & Mimica, 1996; Agger et al., 1994). Since 1993 and 1994, with simultaneous crises in the former Yugoslavia and in the Great Lakes region of Africa, the expenditure on psychosocial and trauma projects has been rising, while there has been a general decline in aid budgets (Bracken & Petty, 1998).

Psychosocial work has been carried out from different theoretical frameworks, deploying a vast array of methods and pursuing a variety of objectives. The different terminology organisations employ to refer to this type of work reflects the lack of conceptual unity. It is possible to find references to “psycho social” (Richardson, 1998), “psychological trauma programmes” (Summerfield, 1999b), “psychosocial care” (UNICEF, 1998a) and so on. Responding to such a variety, NGOs meeting under the sponsorship of UNICEF in 1998 agreed on the term “psychosocial interventions” to refer to assistance programmes focused on psychological recovery and social reintegration of populations affected by conflict (UNICEF, 1998a). This agreement on terminology, nevertheless, left unresolved substantive issues about the orientation of the programmes.

Although psychosocial interventions differ in principles, goals and resources, a significant proportion usually involves the participation of Western experts on trauma who are deployed in areas of conflict or disasters, generally in the Third World, to implement programmes designed and funded by Western agencies and donors. A common feature of these interventions is the identification of children—or groups who bear “a childish relation to the exercise of power” (Holland, 1992) such as women and the whole of the Third World—as targets for interventions. Interventions seem to reflect concerns built upon an “imagery of distress” where suffering children appear as “the most vulnerable, the most pathetic, the most deserving of all our sympathy and aid” (Holland, 1992, p. 148).

The development of psychosocial interventions can be better understood following the involvement of leading international agencies in the issue. UNICEF has been identified

as the first major relief organisation to support the provision of psychological help to war-traumatised children in the former Yugoslavia (Richardson, 1998). Its support for “psycho social projects” there started around 1991, although until 1994 interventions developed as ad hoc programmes in response to “the constantly changing demands of wartime pressures for quick action” (Richardson, 1998, p. 4). In this sense, these were emergency interventions more than properly planned programmes as, at that time, few mental health professionals had any background in trauma work with victims of war and most lacked “the complex battery of psychological questionnaires that predominated a year or two later” (Richardson, 1998, p. 12). These interventions usually entailed an adaptation of modern trauma psychology to intervention strategies through community networks or social institutions such as schools, hospitals and refugee camps. They were considered relevant as part of UNICEF’s programme strategies for emergencies, in which protecting and restoring children’s psychosocial health is included as one of the twelve programme priorities. However, they were also marked by the significant participation of psychologists and their high degree of specialisation was discussed as a condition that UNICEF may “not really be prepared to support” (Richardson, 1998, p. 41).

UNICEF’s advocacy of psychosocial programmes was not an isolated event, but part of a larger pattern of international aid response during the war in the former Yugoslavia (Agger & Mimica, 1996). Richardson reports that war trauma became very popular among aid agencies, reaching its peak in Croatia sometime around 1993, and then in Bosnia in 1994: “[m]any now regard the international community’s interest in treating war trauma to have been one of the major trends in aid agency response during the war” (1998, p. 14).

UNICEF’s psychosocial work was supported as part of its mandate, as expressed by the Convention on the Rights of the Child (CRC). Article 39 of the CRC emphasises the responsibility of state parties in taking all the appropriate measures to promote physical and *psychological* recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse, including armed conflict. Although “virtually all articles of the CRC have relevance to psychosocial programming” (UNICEF, nd, p. 2), the significance of Article 39 would be its emphasis on the principle that assistance to children “should not focus only on material needs (...) but should include also other types of needs such as psychological counselling, family reunification and community

reintegration” (UNICEF, nd, p. 2). In this form, psychological counselling came to be considered essential to children in circumstances of natural or man-made disasters.

In 1994, following the extensive media coverage of the genocide in Rwanda, humanitarian agencies moved to the region and implemented psychosocial projects to address mass traumatisation. UNICEF figured prominently with the establishment of a National Trauma Centre in Kigali (Summerfield, 1999b), and with the implementation, on a national level, of a trauma education programme to train counsellors on “basic trauma theory, identification of trauma symptoms in children of different ages, and guidelines for methods of verbal and physical expression” (Aguilar & Retamal, 1998, p. 24).

The growing concern for the impact of violence on children led to the appointment by the Secretary-General of the United Nations, in 1994, of Graça Machel as an expert to study the impact of armed conflict on children. The Machel Report, presented to the UN General Assembly in 1996, contained the elements of a comprehensive agenda for action by Member States and the international community on the issue. Section G of the Report reflects the significance of the issue of psychosocial impact of war and conflict. The Machel Report “firmly concluded that psychological recovery and social reintegration should be a central feature of all humanitarian assistance programmes” (UNICEF, 1998b, p. 4).

The Report outlined policies for the promotion of “psychological recovery and social reintegration” of children affected by armed conflict (Machel, 1996 p. 35) and concluded that armed conflict affects “all aspects of child development —physical, mental and emotional— and that to be effective, assistance must take each [aspect] into account” (Machel, 1996, p. 35). The Report contrasts past and present assistance to children in war and the need to pay attention not only to children’s physical vulnerability but also to their loss, grief and fear:

This is best achieved by ensuring, from the outset of all assistance programmes that the psychosocial concerns intrinsic to child growth and development are addressed (Machel, 1996, p. 35).

The Report examined the cases of the former Yugoslavia and Rwanda and concluded with an outline of “best practices for recovery programmes” (Machel, 1996, p. 36) and has, thereafter, become the source of guidelines for policy design in organisations involved in this increasingly frequent type of work. Besides UNICEF, other important

inter-governmental agencies such as WHO, ECHO the UNDP and a myriad of international NGOs have followed this trend, becoming involved in the development of psychosocial programmes in areas of conflict and disasters (Agger et al., 1994; Richters, 1998).

Recent institutional statements have placed psychosocial issues at the centre of the relief and rehabilitation agendas after emergencies. For example, the UNDP Human Development Report described the impact of war on children over the last decade, by affirming that it had left “some 10 million psychologically traumatized” (1998, P. 35). Similarly, in a special issue of the *International Review of Psychiatry*, it was affirmed that “the issue of psychological trauma caused by violence has become a global epidemic, and the world’s more pressing social and public health dilemma” (Paramjit, 1996, p. 179). These concerns were also echoed by a group of organisations at a meeting at Columbia University, which concluded that the psychosocial health of populations that have experienced complex emergencies constitutes “an important public health problem” (CPFH, 1999, p. 1).

Complex emergencies provided what Rose designates as the “surface of emergence” (1998a, p. 14) for new forms of expertise, new technologies and new subjects. The specialised action of relief and rehabilitation agencies turned the suffering caused by war and natural disasters into a separate entity, no longer to be considered normal and continuous with other type of sufferings (Davis, 1992). The evaluative gaze of ‘psy’ experts over communities affected by disasters made them areas able to be problematised, thinkable, and practicable in terms of a psychological or psychosocial knowledge. By the mid-1990s, the traumatised victim of war and disasters had been firmly constituted as subject for the intervention of relief agencies.

EXPLORING THE TENSIONS OF THE DEBATE

In connection with relief and rehabilitation work “psychosocial” designates a variety of programmes and interventions that, although seem to share a common concern for the impact of disasters in the lives of communities, lack a unifying conceptual framework. These interventions deploy an array of conceptual frameworks, aims and resources which exist in tension. The subjects and objects of psychosocial interventions have been constituted within these tensions, comprising both the theoretical frameworks informing

the interventions, and their complex insertion in the power/knowledge relations between North and South.

These tensions have been raised in a debate mostly led by practitioners in the field, criticism usually focusing on the difficulty of proving the efficacy of interventions (either in alleviating symptoms of trauma or in promoting social rehabilitation) or on the pertinence of implementing interventions in cultural settings alien to those in which they were conceived (Barnett, 1999). Most of the literature on the topic has been produced by scholars and practitioners from the North with the support of implementing organisations from the South. A notable exception is the work by psychologists from Central and South America on the issue of political violence in the region (Dobles, 1986; Kordon & Edelman, 1986; Lira, 1990, 1994; Lira et al., 1989a; Lira & Castillo, 1991; Martin-Baró, 1990d). Although generally unavailable to English speakers, some of this valuable literature has been recently translated (Becker, 1995; Becker, Lira, Castillo, Gómez, & Kovalskys, 1990b; Sloan & Montero, 1990).

Within psychosocial interventions, the different models of psychosocial processes are expressed as discourses and situated and embodied practices, that introduce a multiplicity of subjects and objects, appeal to a variety of disciplinary resources, incorporate and promote particular forms of expertise and provide models for interpreting and experiencing the world (including normative models on issues such as well-being, health and participation which are, in practice, transformed into social and self demands) (Antze & Lambek, 1996; Henriques, Hollway, Urwin, Venn, & Walkerdine, 1998; Rose, 1998a). At the same time, these models map onto historical definitions of society and the subject, while promoting particular understandings about the nature of the disaster, the affected subjects and the production of the impact that have far reaching-power implications.

While the literature generally concentrates on the efficacy, pertinence or generalizability of psychosocial interventions, the underlying models of psychosocial processes and how they operate as forms of disciplinary power amongst societies involved has remained widely unquestioned. This lack of examination of the rationale, principles, methods and their implications seems to follow a broader trend within the humanitarian field (Hendrie, 1997). Some crucial issues neglected in the debate include how psychosocial interventions engage with the social order of societies concerned; the consequences of explaining and acting upon people's condition within a psychological framework; and

the ethical implications of appealing to the notion of trauma in situations of social fragmentation as the one prevailing in Venezuela.

As the wide variety of perspectives employed make it difficult to present an integrative review of the main issues, this section will discuss the main tensions that cross-cut the debate on psychosocial interventions. This debate has focused on the construction of the psychosocial; the adequacy of the notion of trauma to describe the psychological impact of disasters; the recognition of political elements in interventions vs. the technical stance; and the different perspectives on the process of intervention. The tensions around these issues provide the basis for the introduction of the central issues of this research, concerning the theoretical frameworks of UNICEF's psychosocial intervention and their political and ethical implications in the Venezuelan context.

Constructing the psychosocial

The first and central issue that arises as problematic in reviewing the literature is the definition of the spaces and processes targeted by the intervention: the construction of the psychosocial. Such a definition is fundamental as it delimits the processes, sites for emergence and problems addressed by the interventions. Within this framework issues can be raised and understood as problematic.

In most cases, psychosocial is defined by the aggregation of the sociological and the psychological. According to this understanding—which follows the definition provided by the Oxford English Dictionary¹—the psychosocial appears both as the link and as the mediatorial space between two realms conceived of as separate and independent. The problem of 'psychosociality', so understood, is that of integration, articulation or linkage between them. The identification of interventions either as "psychosocial", "psycho-social" or "psycho social" reveals the problematic construction of this issue; the dash, the blank space or the union speaking both of the different models employed, and of the widespread confusion surrounding the subject.

For example, in its "Programme Workshop on Psychosocial Care and Protection", UNICEF presented a definition of psychosocial in which this separation—and the following efforts for integration—are evinced. According to UNICEF "the word psychosocial *simply* underlines the dynamic relationship between psychological and social effects, each continually *influencing* the other" (UNICEF, 1998b) (emphasis

added). While psychological effects would refer to processes that affect “emotions, behaviour, thoughts, memory, learning ability, perception and understanding” (UNICEF, 1998b, p. 6), social effects would concern altered family relationships, community breakdowns and the economic dimension associated with the loss of social status and networks following destitution. The psychological is constructed, within this discourse, as that pertaining to ‘individual’ and ‘internal’ processes, while society appears as the collective background in which relationships would take place.

Some authors (Ager, 1996; Summerfield, 1999b; UNICEF, 1996, 1997, 1998b, nd) confront that individual/society divide by proposing a continuum from the more ‘social’ to the more ‘psychological’, with interventions on the social side aimed at issues of context, while those on the psychological side would address ‘internal’ and ‘individual’ processes. The psychosocial would be placed somewhere between the ‘extremes’ of this continuum; and the difficulty, it is argued, lies in finding the right point —ideally equidistant from either ‘extreme’— to balance the attention to both types of processes. In this same frame of reference, UNICEF’s call for integration and balance can be appreciated:

After psychosocial programmes in the 80s and psychosocial programmes in the 90s, we want to ensure that programmes at the beginning of next millennium will be PSYCHOSOCIAL: Programmes based on the dynamic relationship between psychological and social effects (UNICEF, nd, p. 9).

The organisation of the debate on the definition of the psychosocial around this society-individual continuum is based upon —and perpetuates— problematic assumptions about the nature of subject and society, associated with a dualist stance that cross-cuts much of the debate around psychosocial interventions. This dualism implies an understanding of reality as consisting of two types of entities or substances, and extends not only to the society and the individual, but also to the internal/external, language/thought, subjective/objective, cultural/biological and so on. Hence, the need to generate mediatorial spaces to promote their articulation.

The individual/society dualism has been associated both with an individualistic notion of the subject and with an understanding of society as contingent (Henriques, 1998). From such perspective, the individual would be conceived of as a “unitary, essentially non-contradictory and above all rational entity (...) the agent of all social phenomena

¹ Psychosocial refers to “that pertaining to sociology as *connected* with psychology” (Oxford University

and productions” (Henriques et al., 1998, p. 93). The other side of this dichotomy, however, prompts the search for answers to the issue of change in social theory and in the social “context”. From this point of view, the individual is reduced inevitably “to the biological in essence once its opposite number, the social, has been posed to explain the rest” (Henriques et al., 1998, p. 15). At the level of society, this perspective has supported an equivalent but opposite set of problems, namely that social theory has “remained blind to the process of subjective change” (Henriques et al., 1998, p. 91).

In the case of psychosocial interventions, this set of issues brought about by a dualist standpoint is reflected in the development of programmes within which the focus is on either the individual or the social ‘context’. In the first instance, the individual is taken as the unit of analysis and intervention. These interventions have generally focused on specific categories of victims, such as the child victim (UNICEF, nd), the victim of torture (Bracken, Giller, & Kabaganda, 1997a), the female or male victim of rape, the elderly (Agger & Mimica, 1996) and so on. They usually appeal to the use of clinical categories (such as PTSD), provide psychological support (UNICEF, 1996, 1998a, nd) “psychotherapy for symptoms of PTSD” or “psychosocial counselling”. The effectiveness of this type of intervention is generally assessed in terms of the reduction of trauma symptoms. From this perspective, the reference to the universal character of the “psychological scars” left by disasters (Paramjit, 1998), and the emphasis on the individual’s trauma story constructed as a clinical case (Ager, 1993) are frequent. The purpose of interventions oriented by this perspective varies from diminishing the psychological impact of the event (Paramjit, 1996) to reducing the symptoms of PTSD (Herman, 1992).

Some authors have criticised the use of PTSD as a universalist solution to a relativist problem (Eisenbruch, 1990), which tends to conceptualise the effects of trauma “in purely individual and medical terms” (Bracken, Giller, & Summerfield, 1995, p. 1077). These criticisms have generally referred to the limited explanatory power and application of Western biomedical and individualistic concepts (Bracken, 1998; Bracken et al., 1995; Summerfield, 1999b) in non-“individuocentric” societies (Ager, 1993), which would render the emphasis on the individual inadequate. In particular, PTSD has been criticised for ignoring the social meaning of trauma (Beristain & Dona, 1997; Lira & Castillo, 1993). In turn, a shift towards the social has been proposed,

within which “issues of context, political and cultural realities should be seen as central” (Bracken et al., 1995). These interventions would be directed at rebuilding the sociocultural networks destroyed by war and natural disasters and —with it— the sense of community (Beristain, 1999; Summerfield, 1995, 1996, 1999b).

The challenge to bridge this dichotomy between individual and community-based interventions has been a fundamental source of concern for a variety of organisations and individuals involved in psychosocial work (CPFH, 1999). This has resulted in the search for strategies of intervention that advocate a twofold implementation *alternatively* addressing the individual *and* the social environment (Paramjit, 1996) or combining specialised (individual) with wider (social) services (UNICEF, 1998b).

The pyramid and the continuum have been used as models to illustrate the diverse spaces occupied by the social and the individual in this approach. The “pyramid of mental health” organises issues, subjects and strategies of intervention from a social space (at the base of the pyramid) to the individual (at its apex), distinguishing thus between programmes focusing on treating persons and those focused on “supporting communities to heal themselves” (CPFH, 1999). The largest percentage of the victimised population is at the bottom of the pyramid, and requires more general, and even the least sophisticated interventions, usually provided by the least trained and skilled people. As one goes higher in the pyramid, the percentage of the affected population decreases but the degree of severity of the difficulties increases. This requires more intensive and sophisticated interventions, by more skilled people. At the very top of the pyramid are the most severely affected of the population, often requiring extremely sophisticated and tailored interventions to meet their very specific needs (Paramjit, 1996). In this way, while the first level of the pyramid would comprise social and community interventions aimed at society as a whole, the last level, at the apex, would refer to intensive psychotherapy (or referral services) for a fairly limited number of subjects “conducted by mental health specialists solely” (UNICEF, 1998b, p. 12).

In this same sense, Ager (1996) proposes a phased response to psychosocial needs that would range from ensuring a minimal disruption of intact protective influences in communities, to reinstituting protective influences and providing compensatory support to targeted therapeutic interventions. Reflecting on this division between community-based and psychotherapeutic approaches, the Machel Report asserts that the latter “may not be feasible in all contexts” (Machel, 1996, p. 37), and that the best practice would

point to re-establishing a sense of normalcy through family and community mobilisation. In any case, what is common to this debate is the individual/society dualism underlying the definition of psychosocial, which prompts practitioners and scholars alike to choose between approaching either one or the other at different stages or spaces of the intervention.

Other interventions have attempted to overcome this dualism and the constraints it imposes. The crucial issue, it is postulated, would not be how to make interventions more or less social or individualistic, but how to integrate the social and the subject as dimensions of structuring relational processes where both are mutually constituted (Richters, 1998). The subject and the social —“effects of production to be specified, rather than (...) pre-given objects of the human sciences” (Henriques et al., 1998, p. 100)— substitute individual and society as prime objects of reality in such a way that “any discourse which aims to speak of the subject must at the same time speak of the social, and it must do so not in terms of complementarity, but on the basis of the fabrication of subjects in and for signifying material practices” (Venn, 1998, p. 151). This conception of the psychosocial does not deny the effect of biology altogether, but avoids any understanding of the subject based upon “a taken-for-granted biological origin” (Henriques et al., 1998, p. 21). In sum, it promotes an integrative understanding of the issues, which overcomes fragmenting tendencies in such a way that the biology-society dualism “is dissolved in favour of stressing the relational character of their mutual effects” (Henriques et al., 1998, p. 104).

Psychosocial interventions following this integrative approach aim to promote an explicit articulation between the subject’s experience and the macro-social, within which neither has full primacy (Sampson, 1989): between the person’s suffering and the socio-political events from which it originated (Beristain, 1999). The term psychosocial is thus used to emphasise the “essentially dialectical character of the damage” produced by emergencies (Martin-Baró, 1990c, p. 77), which is particularly evident in the case of complex ones.

From suffering to trauma

Another important tension found in the literature refers to the construction of the impact of emergencies on affected persons and communities. The articulation between the disaster and subjective processes at individual or collective level has been explained by

recourse to different processes. A central issue here is the suitability and implications of either employing the notion of PTSD to capture the subjective impact of negative events or of searching for the local idioms of suffering, and their ethical and political associations.

A dominant trend amongst psychosocial interventions has been the adoption of the notion of PTSD as developed in the DSM (APA, 1980, 1994). According to the DSM, it is possible to identify a universal trauma response following the exposure to extremely negative stressors involving “actual or threatened death or serious injury, or other threat to physical integrity of another person” (APA, 1994, p. 424). To be considered traumatic, events must be ‘out of the range of normal experience’, represent a vital threat, and provoke relevant losses in those affected. Janoff-Bulman (1992) affirms that their traumatic impact results from their capacity to shatter basic assumptions about ourselves and our world that provide us with a ‘sense of basic trust’ that is necessary and adaptive in order to function in society.

The essential feature of PTSD is the development of characteristic symptoms, including the re-experiencing of the traumatic event (as intrusive thoughts, flashbacks or dreams); avoidance of stimuli associated with the event or numbing of general responsiveness; and increased arousal (APA, 1980). In order to be classified as PTSD, the ‘disturbance’ must last more than a month and imply significant distress or impairment in important areas of the subject’s functioning. Following a checklist of symptoms, PTSD or ‘trauma’ has been identified as a unifying notion that connects the experience of people affected by dissimilar events such as war, rape, incest, earthquakes or plane crashes (Bracken, 1998; Bracken & Petty, 1998; Herman, 1992; Joseph, Williams, & Yule, 1997). In order to respond to this *universal* entity —trauma— standard courses of therapeutic action have been designed, usually focusing on the restoration of the subject’s schemata that would have been disturbed or shattered by the trauma (Bracken, 1998; Janoff-Bulman, 1992) through ‘training’ patients to recognise and treat symptoms, ventilating feelings associated with trauma, workshops and the promotion of cognitive skills capable of bringing “reason to bear upon the internal workings of the mind” (Bracken, 1998, p. 45). Discourses and practices supporting this form of intervention are constructed around the issue of mental health and are generally dominated by a cognitive approach.

The use of PTSD as an explanatory model in emergencies has far-reaching consequences for the communities, subjects and organisations involved, as well as for the understanding of disasters and the issues involved in the process of reconstruction.

The assessment of subjects and communities using a psychiatric nosology, constructs them as victims of a psychological disorder: *victims of trauma*. They are defined—and treated—according to their emotional state, as carriers of ‘psychological scars’. The use of a checklist of symptoms (such as the Harvard Trauma Questionnaire, the Civilian Mississippi PTSD Scale, the PTSD Questionnaire for Adults, or the Ways of Coping Scale (Joseph et al., 1997; Tata Arcel & Tocilj Simunkovic, 1998)) has become instrumental in organising the victim’s experiences in a standard form, and also in generating administrative means dependent on measure and control. The use and manipulation of figures about trauma—such as the construction of ‘traumagrams’ (Agger & Mimica, 1996)—in this context, can be considered as “a clean, tidy, and unpolluting activity” (Hendrie, 1997, p. 63) attempting to organise the complexities of extreme human suffering.

Criticisms of this approach to emergencies maintain that PTSD assumes the existence of a universal human being, turns experiences into symptoms (Richman, 1996), reduces psychosocial damage to clinical categories, places the damage on the individual and proposes a medicalised strategy of intervention (Bracken et al., 1995; Bracken & Petty, 1998; Harrell-Bond, 1996; Summerfield, 1996, 1997, 1999b; Zur, 1996). The understanding of trauma as an individual-centred event would be “in line with the tradition in both Western medicine and psychology (...) to regard the singular human being as the basic unit of study” (Summerfield, 1996, p. 15). By focusing on ‘internal states’ and reducing psychosocial processes to symptoms, the sociohistorical and political realities where such a trauma gains meaning would be marginalised or abstracted, while the ‘malaise’ would be placed in the organic or functional features of each individual (Martin-Baró, 1990b). Consequently, people’s condition is left void of a wider insertion in social and political dynamics, with losers and beneficiaries (Hendrie, 1997). In this sense, Becker has called the attention to the fact that “the ‘D’ in PTSD stands for disorder” (1995, p. 28) and how the ‘disorder’ of those affected are generally employed to legitimise their social exclusion by those in power.

The treatment of trauma as an event rather than as a process has been questioned, to the extent that in most emergencies in the Third World it is impossible to identify a single

point in time breaking with a normal ‘before’ and signalling the origin of a disrupted ‘after’. Furthermore, there is no such thing as an intact and resourceful community to which individuals can ‘retreat’ to recover.

Following the considerations presented above, some practioners (Beristain, 1999; Kordon & Edelman, 1986; Lira & Castillo, 1991; Lykes & Liem, 1990; Summerfield, 1999b) have advocated the need to shift the focus from events and clinical categories to wider socio-political processes involving issues such as power, justice and development and to recognise the engagement of personal suffering with the social dynamics of the affected societies. This would entail establishing an explicit link between personal and collective conditions and the socio-political strategies for the reproduction of social arrangements, within which discourses about people’s condition should be treated as efforts to produce a social subjectivity within symbolic and material practices regulated by power relationships.

This position rejects the privatisation of suffering promoted by the use of clinical categories, while insisting on the importance of recognising the dynamic between the social and personal damage and of articulating the therapeutic and the social and political actions of those affected, framing practices and narratives on wider issues of power, justice and Human Rights (Beristain, 1999). From this perspective, psychosocial interventions should be concerned not only with the individual victim of the disaster, but with the way in which the impact of the disaster engages with social dynamics that implicate the whole of the affected society.

The technical and the political in psychosocial interventions

Although the grounds upon which interventions are justified have important consequences for the way in which the process is approached, this is seldom the object of discussion, as it is generally assumed that relief and rehabilitation work is inherently positive and needs no further justification (Harrell-Bond, 1986; Slim, 1997).

International humanitarian agencies have established guidelines according to which the prime motivation for intervening in an emergency is to alleviate human suffering, such intervention being “a not partisan or political act” (IFRCRC/ICRC, 1996, p. 1). The debate around the political nature of psychosocial intervention is reflected in a range of positions: from the advocacy of neutrality and the consideration of politics as an obstacle to be avoided (IFRCRC/ICRC, 1996; Paramjit, 1996; UNICEF, 1996, 1997), to

the proposal of a certain form of political literacy, where experts are exhorted to be informed in order to be able to control the influence of politics in the intervention (Jones, 1996; Jones, 1998), to the direct advocacy of political commitment as the guiding force of the intervention (Beristain & Riera, 1992; Lira, 1990, 1994; Lira & Castillo, 1991; Martin-Baró, 1990b, 1990c).

Psychosocial interventions inspired by the criterion of political neutrality have been sustained by the belief that the notion of PTSD follows a law-like scientificity, and therefore that its application can —and should— be successfully carried out with high standards of independence, effectiveness and impact across different cultures. PTSD is considered an advance in the identification and treatment of a timeless condition — trauma— that will allow the generation of more efficient research programmes and consequently better treatments (Joseph et al., 1997). Under such considerations, ethical dilemmas cease to exist and interventions are constructed as technical affairs, issues at stake referring solely to the adaptation of already-available knowledge to particular ‘environments’. Interventions designed under these principles address the psychosocial or psychological sphere as separable from macro-social processes, and remaining “objective and politically neutral” (Paramjit, 1996, p. 173) appears a fundamental task for the professionals involved.

Other authors, however, explain the emergence of psychosocial interventions as a development associated with the consolidation of the technological and therapeutic means resulting from the incorporation, in 1980, of PTSD to the official psychiatric nosology (Bracken & Petty, 1998). Accordingly, PTSD and its diagnostic and therapeutic devices would have become independent from the historical process of its constitution —the efforts of Vietnam war veterans to gain recognition and compensation for their emotional complaints after the War (Young, 1995)— turning into a “technological fix”, that is, an available means for intervention in the search for problems and applications. The rationale of a “technological fix” maintains that for every technological development there is a problem to be solved (Bauman, 1993). Under this premise, technology functions both to make new areas of life practicable (Rose, 1998a) and to force those in possession of knowledge ‘to do something’. As a result, knowledge takes precedence over political and ethical considerations.

Psychosocial interventions would respond to the dynamic between the ‘moral’ force to act imposed by the availability of knowledge on trauma and the identification of

emergencies as new sites for intervention. With the consolidation of PTSD, the issue of suffering in emergencies is rendered ‘knowable’, and hence ‘doable’ (Hendrie, 1997, p. 63), turned into “a technical problem —‘traumatisation’— to which technical solutions are soon to be applicable” (Summerfield, 1996, p. 14). In this process, the role of the experts in trauma is secured through what Foucault terms ‘the privilege of expertise’: their uncompromised independence, technical mastery and humanitarian apoliticism², conditions which enable them to establish the ‘facts’ (Allwood, 1996). The responsibility to act in emergencies —and the belief that there will always be a rational correct solution— has been associated with the homogenisation of people’s experiences, through the use of a unifying notion such as trauma. The role of the expert would be to authenticate, organise and treat it.

Some practitioners, on the other hand, implement psychosocial interventions as part of a more general advocacy for justice and development. Interventions, in these cases, are tied to an ethical and political commitment on the part of interveners, who recognise the possibilities of reparation as emerging from the social and political reality of those affected, rather than from universal knowledges and strategies. Within this framework, the role of the expert is understood as part of a political practice, supported by an active non-neutrality (Becker, 1995, Pantoja, 1999 #490) within which interveners and affected establish explicit psychological, political and social alliances that comprise other spaces beyond that of individual treatment (Lira, 1994; Lira & Weinstein, nd).

The possibilities and limits of psychosocial reparation are said to stem not from ‘internal’ psychological processes, but from the dynamic interaction between the person’s suffering and the socio-political events in which it is embedded. In these cases, the intervention is mainly concerned not with organising and managing suffering through the use of a clinical category, but with allowing “the emergence of other voices and visions, even when this involves increasing complexity and ambivalence” (Bracken, Giller, & Summerfield, 1997b, p. 436). This entails shifting from an ethical position proclaiming the *responsibility to act* to the emphasis on *the responsibility towards otherness*.

² “the doctor is qualified, the doctor knows the diseases and the patients, he possesses a scientific knowledge that is of the same type as that of the chemist or the biologists, and that is what authorises him to intervene and decide” (Foucault, 1997, p. 44).

The process of intervention

The different perspectives from which the evaluative gaze of the ‘psy’ expert assesses emergencies reflect on the way interventions are constructed in particular settings. The main debates, in this respect, centre on the issues of implementation vs. development in cross-cultural settings (Beristain & Dona, 1997), the nature of goals and activities (Ager, 1996) and the power implications of these issues (Ager, 1993, 1996; Boyden, 1994; Gibbs, 1996; Richters, 1998; Summerfield, 1999b). In every case, the key issue in question seems to be which form of understanding dominates in the establishment of programme strategies, means and assessment of impact.

The first issue in this area is the possibility of implementing already-designed interventions amongst affected communities. Paramjit argues for the cross-cultural use of the therapeutic model supported by the PTSD construct, as a “theoretical and practical model, which with some adjustment provides a framework for developing a similar approach when involved in trauma work, whether domestic or international” (1996, p. 180). This seems to be endorsed by international organisations that implement pre-designed interventions in countries affected by disasters. Following the dominant cultural trends about what constitutes “deserving or innocent victims” —and the implications that some victims are not innocent and deserve their lot (Bauman, 1995)—such interventions usually concentrate on children and women (Holland, 1992).

In such cases, interventions are *implemented*: performed upon communities according to a pre-conceived plan and employing standard means. This form of intervention generally, the generalisability of knowledge on trauma and the programmability of social relations. These assumptions are associated with the belief that the gap between external experts and communities can be bridged through translation, thus reducing cultural idiosyncrasy to differences in expression.

Beristain and Donna (1997) have called attention to the fact that psychosocial interventions do not take place in a vacuum, but in a concrete history and established social networks which affect the relations between those who ‘help’ and those who ‘receive’. Furthermore, considering beneficiaries only as passive victims of trauma and docile recipients of help seems to disregard the importance of their interpretations and experiences of the disaster (Peters & Richards, 1998), and even the buffering potential of political commitment and participation (Punamäki, 1996). In this context, Zúñiga

(1988, 1992, 1994) has highlighted the importance of fostering dialogical processes with the beneficiary populations, and to acknowledge the propitiatory (rather than causal) role of interventions. However, Boyden notes how such participatory programme approaches are “frequently abandoned in favour of vertical systems of service delivery” (1994, p. 256).

Bracken, Giller and Summerfield (1995, 1999b) have criticised what they describe as the recent trend of ‘delivering’ or ‘exporting’ trauma projects to the Third World, stressing that this might undermine people’s own knowledge and choices in emergencies. Bracken (1998) has suggested that the cross-cultural validity of Western assumptions about trauma is debatable, while Summerfield has warned about the possibility that importing Western trauma discourse into communities devitalised by disasters “might impair their struggle to reconstitute a shared sense of reality, morality [and] dignity” (1998, p. 31). According to these authors, these ‘exported’ interventions turn communities into fields for the confrontation of two dynamics: that of the project (as organised by the implementing agency culture, donor’s timetables, funding and reporting deadlines, shifts in media interests and so on) *vis-à-vis* that of the community (with its tradition, timing, priorities and understanding). The alleged universality of psychosocial interventions is confronted by the unanticipated responses that ensue, and which seem to reveal both the engagement of the intervention with the cultural understandings of the local communities, and the fact that human behaviour is infinitely more complex than any programmatic formula (Hendrie, 1997). Amongst these ‘unforeseen’ reactions of the beneficiary population, one can mention the reluctance to identify with the categories offered by interventions and the transformation of trauma into a commodity, amenable to being used, exchanged, taken advantage of, or profited from. The latter seems to be the case both of Vietnam war veterans (Young, 1995), and of those attending UNICEF training seminars in former Yugoslavia, whose popularity Richardson attributed to the offer of “a daily per diem (sic) and some enjoyable distractions from the depressing realities of life after war” (1998, p. 33).

On the side of implementers, such responses may be interpreted as signs of resistance bound to be overcome by further persuasion (Bird, 1999) or as evidence of the cultural differences that must be reflected in the way the intervention is constructed (Giller, 1998; Summerfield, 1995, 1999b). In some cases, these reactions seem to challenge the

assumptions and models put into practice, while revealing the existence and significance of the local culture and how it engages dynamically with that of the intervention.

Hyndman (1998) has claimed that it is necessary to deconstruct the concept of intervention, and turn it into an ongoing, socially constructed and negotiated process, not simply the execution of an already-specified plan of action with expected outcomes. Referring to psychosocial interventions developed by Western agencies, some authors (Boyden, 1994; Bracken et al., 1997a, 1995, 1997b; Bracken & Petty, 1998; Richman, 1996) have emphasised the importance of engaging with the community's understanding, needs and priorities, and particularly of identifying and strengthening indigenous coping mechanisms and traditional healing rituals mobilised by communities during crisis.

Reflecting this concern some organisations have outlined principles of good practice in psychosocial interventions (Richman, 1996), which reject the top-down approach and advocate community-based processes based on participation, mutual support and active engagement with the local understandings, strategies and resources. Hendrie (1997) has called attention to the impact of reifying such participation" or "community-based rehabilitation" without sufficient consideration of the processes involved, and the potential disempowerment that might result from such practice.

These different intervention perspectives have given rise to variations in the activities and goals of psychosocial interventions. In interventions following the PTSD model, goals and activities are generally cognitively-oriented, placing a great emphasis on counselling, training, and educating the population on the issue of trauma (Ager, 1996; Agger & Mimica, 1996; UNICEF, 1998a, 1998b). In these cases, counselling and individual therapy is primarily directed at reducing the symptoms of PTSD (Agger et al., 1994), helping the victims express their feelings about the disaster (Richardson, 1998), diminishing the psychological impact of the disaster (Paramjit, 1996), raising awareness of the issue of trauma (UNICEF, 1998a, 1999a) and interrupting the 'cycle of violence' attributed to unprocessed anger and hate associated with the traumatic events (Agger & Mimica, 1996; Agger et al., 1994; Paramjit, 1996).

While the assumption of a unitary, rational subject seems to underlie these therapeutic strategies (Bracken et al., 1997b), in a great amount of programmes the range of activities identified as psychosocial greatly surpasses the alleged theoretical foundations of interventions. For example, in a group of interventions supported by ECHO in the

former Yugoslavia, “psychosocial activities” included: socialising with others, talking with staff, handicrafts, knitting, sewing, folklore, dancing, singing, group talks, sports, recreation and individual therapy (Agger & Mimica, 1996). Some of these activities have been criticised for not constituting “real trauma work” (Richardson, 1998).

Bracken (1998) and Summerfield (1999a) argue that the promotion of recovery in individual terms (and associated activities focused in the intrapsychic) is supported by the conception of a modern self (autonomous, reflexive, rational and ‘free’) which is not universal, and exhort practitioners to listen actively to the different voices of the populations involved in order to avoid imposing an alien order.

Interventions designed from a political stance and in dialogue with the concerned communities seem to place a greater emphasis on the articulation between the subject’s condition and the social and political processes of the affected societies (Beristain & Dona, 1997; Beristain & Riera, 1992). Activities promoted range from individual therapy to testimony and political participation, the axis of the intervention being the re-linking of the personal experiences with the macro-social process from which they gain meaning (Lira et al., 1989a). In this sense, social reparation is embraced as complementary to individually-oriented interventions, as it is assumed that trauma has marked collective existence, “transforming the private damage —lived as subjective suffering— into an experience that has a double character: without ceasing to be particular and subjective, it is also political and social” (Lira, Becker, Kovalskys, Gómez, & Castillo, 1989b, p. 211).

Interventions: from impact to power implications

Although the assessment of psychosocial interventions has been a source of debates within the field, it has mostly focused on identifying changes in PTSD symptoms, estimating the extent to which planned activities have been developed and gathering the population’s opinion on specific programmes (Agger & Mimica, 1996).

In a critical review of UNICEF’s involvement in psychosocial work in the former Yugoslavia, Richardson (1998) reported the existence of a gap between objectives and achievements. While the intervention’s stated aim was “helping children cope with their trauma” (Richardson, 1998, p. 29), activities generally consisted of short-time consultancies, seminars for school teachers, presentations on PTSD and training sessions in general. These activities were considered relatively inexpensive and there

was little follow-up after the training sessions. The fact that most measurement was of trauma rather than of programme impact and that most experts agreed that some of the symptoms would “diminish over time anyway” (Richardson, 1998, p. 5), led Richardson to conclude that probably those who benefited most from interventions were the more than 14,000 professionals directly or indirectly trained by UNICEF.

Other authors have emphasised the importance of assessing the impact of interventions, not solely in terms of achievement of goals, but also in shaping the experiences and understanding of communities about themselves and their reality. In particular, attention has been called to the role of interventions in providing normative models —about well-being, trauma, participation, normality and so on— that would constitute ‘standards’ of experience and behaviour to which the population is expected to conform.

A central issue has been the extent to which notions and models implied in psychosocial interventions might reflect the understanding, priorities, and interests of Northern agencies and donors, and their power relationship with the South. Bracken et al. have argued that under some conditions, foreign-led interventions run the risk of undermining local individual and community responses “by the very act of establishing a ‘specialist’ centre” (1997a, p. 157), as this would suggest that “there is an established western expertise in this area, and that traditional concepts and practices have little value” (1997a, p. 158).

EMERGING ISSUES ON PSYCHOSOCIAL MODELS, POWER AND ETHICS

The issues presented above underlie and shape a series of fundamental questions associated with the power effect of psychosocial interventions. These issues, which constitute the main concern of this thesis, comprise the way in which psychosocial interventions function as a form of disciplinary power amongst targeted groups and societies.

Psychosocial interventions as a form of disciplinary power

The central issue for this research is how UNICEF’s psychosocial intervention in Venezuela —which took place in the shelter established after the disaster of the 1999 floods in Fuerte Tiuna, a military fort located in Caracas— is constructed through a variety of discourses and practices that fabricate and position subjects and how such processes entail an exercise of power (Burman, Kottler, Levett, & Parker, 1997;

Cromby & Nightingale, 1999). This form of disciplinary power, rather than occasionally imposing itself on the subjectivity of its subjects functions by ‘subjecting’ them through the creation of subjectivities (Clegg, 1998) specified in a variety of discourses which are situated in the material, embodied context that actually gives it meaning (Parker, 1992).

Following Foucault, discourses were treated as “practices that systematically form the object of which they speak” (1972, p. 49) and that take the form of systems of statements that are regulated according to rules of combination with other discourses, of differentiation from other categories of discourses and of production of possible statements (Henriques et al., 1998). These discourses condition what is ‘sayable’ by a particular subject in a determined situation: “delimit what can be said, whilst providing the spaces –the concepts, metaphors, models, analogies— for making new statements” (Henriques et al., 1998, p. 106).

In the case of the intervention, the operation of power takes place through the promotion of discourses that specify how the disaster is to be experienced and treated by those affected and by experts involved in their care. In this sense, power is considered as productive, not only as restrictive. This understanding of power stands in contrast with an episodic conception within which the sovereign is identified as the source of power and in which it is possible to establish definite temporal and spatial terms for its exercise.

This disciplinary power has been presented as an inevitable consequence of the ordering operation of language to the extent that “all language (...) constitutes an abuse in so far as it gives a single name to things different in time, space and their external attributes” (White, 1979, p. 94). The disciplinary mode implies that –while some representations achieve a power far greater than others— the exercise of power functions by fixing or uncoupling and changing particular relations of meaning that are ingrained within material organisations of life.

This normalising function implies that power is “neither an effect of a human subject and its volition nor a structure that works behind the backs of such subjects” (Clegg, 1998, p. 29). It is, rather, the consequence of the way in which networks of relationships –grounded on specific material conditions—are systematically interconnected through discourses and practices (Burrell, 1998). This perspective does not deny agency to subjects, but locates it as emerging from its actions over the social forces that constitutes them (Hollway, 1984).

In the analysis, I will aim to show how UNICEF's psychosocial intervention in Venezuela operates as a disciplinary form of power through the establishment of certain subjects (related to the traumatic condition), the prescription of psychological structures and dynamics and the identification of an impact of the disaster amongst those affected. In particular, I will discuss how the implementation of UNICEF's intervention in Fuerte Tiuna supported the elaboration of practices and discourses that engaged with the processes of social exclusion in Venezuela.

In this context, it will be fundamental to present how the discourses of the intervention are situated in the material conditions of the Venezuelan society at the time of the disaster and, more precisely, in those of the different groups and institutions that came together in the shelter established in Fuerte Tiuna. These different material worlds structured, limited and conferred different potential to the social constructions identified by the analysis (Cromby & Nightingale, 1999).

A crucial role, in this process of construction, was played by the operation of the psychocomplex, the "network of theories and practices which elaborate and implement psychological knowledge" (Parker, 2002, p. 9) and establish a separation between the normal and the abnormal that function to regulate individuals. This network comprises academic, professional and popular psychology and "covers the different ways in which people in modern Western culture are categorized, observed and regulated by psychology, as well as the ways in which they live out psychological models in their own talk and experience" (Parker, 2002, p. 126). In UNICEF's intervention, it is possible to identify institutional and organisational practices through which psychological knowledge was reproduced (and contested) in the variety of spaces, apparatuses and practices that constituted the intervention. Psychology did not appear here as a disembodied paradigm, "but as a complex and heterogeneous network of agents, sites, practices, and techniques for production, dissemination, legitimation, and utilization of psychological truths" (Rose, 1998b, p. 60).

The process of subjectification, in this context, concerns the way in which certain subjects (such as victims of trauma) were (re)produced within "signifying material practices" (Venn, 1998) of the intervention and how they were interwoven with ongoing social dynamics that are part of their conditions of possibility. Davies and Harré (1990) introduced the notion of "subject positions" to refer to the way in which such processes set out a range of locations which carry certain rights to speak and specifications for

what may be spoken and of places which people must assume in order for the process to work. From this perspective, the subject appears as “a location constructed within the expressive sphere which finds its voice through the cluster of attributes and responsibilities assigned to it as a variety of object” (Parker, 2002, p. 152). The analysis presents and discusses the way in which the specificities of power relations were embodied and played out in the construction of these subject-positions: in their contradictions, inconsistencies, variations and uncertainty (Marecek, Fine, & Kidder, 1997).

From this perspective, subjectivity will be treated as a resource (Parker, 1994b) and discourses will be considered not merely as ‘meaning systems’ but as social practices that are

embodied within complex technical and practical associations and devices that provide ‘places’ that humans must occupy if they are to have the status of subjects of particular sorts, and which immediately position them in certain relation with one another and with the world in which they speak (Rose, 1998a).

The operation of power in the intervention will be examined as it incites those affected to provide accounts of themselves and their situation in the terms made available by the intervention, that is, as it works “not simply by silencing people but by giving them voice” (Clegg, 1998, p. 35). As it will be shown, the meaning and membership within these positions constitute a site of struggle over power: “as identities become posited, resisted and fought-over in attachment to the subjectivity that constructs any particular individuality” (Clegg, 1998, p. 29). The institutional spaces within which UNICEF’s intervention is carried out, resembles contested terrains rather than total institutions. Contestation and resistance was made possible –and according to Clegg, “irremediable” – as the nexus of meaning and interpretation that mediates and constitutes networks is “always open to being refixed” (1998, p. 42). In the case of UNICEF’s intervention, this can be considered an effect of the access that the targeted population and institutions involved in the project had to sources of meaning that signify the disaster and its impact in different terms to those put forward by the intervention.

The research will show how the different discourses and practices displayed as part of UNICEF’s intervention in Fuerte Tiuna normalise forms of power. The analysis will address how ways of constituting ‘the normal’ regarding psychosocial models (that relate the event of the disaster, its subjects and the psychological impact on the

population in Fuerte Tiuna) are institutionalised and incorporated in the relationships established in the context of the intervention and how these can be liberating or oppressive for those subjected to them (Parker, 2002). In this process, the subjects play a central role in the disciplining of themselves, as their reflective gaze is guided by “the accounts and vocabularies of meaning and motive that are available to us as certain other forms of account are marginalized or simply eased out of currency” (Clegg, 1998, p. 32).

A central consideration will be how the intervention has as one of its conditions of possibility the existence of an emotionally literate public –produced partially by the diffusion of the therapeutic discourse in mass media (Parker, 2002)– which was able to make sense of the disaster and its impact with recourse to the notions and practices promoted by the intervention.

The therapeutic exercise of governance

Another central issue approached by the analysis is the way in which models of psychological processes and structures advocated by the intervention –particularly references to the notion of trauma— can function to support a government project amongst the targeted population.

Although UNICEF’s intervention in Fuerte Tiuna initially appears as an apolitical endeavour that –in the context of the organisation’s humanitarian policy— advocates children’s rights, the analysis will discuss how it can be considered as a means to make the population governable, that is, as a way of “striving to reach social and political ends by acting in a calculated manner upon the forces, activities and relations of the individuals that constitute a population” (Rose, 1998a, p. 5). In this sense, the discourses and practices of UNICEF’s intervention will be examined as they construct models of the psychosocial that bring political demands for the maintenance of social order into alignment with conditions, ideals and aspirations of individuals (Rose, 1998a).

The strategy for the governmentality of those targeted by the intervention is not designed and implemented by the Venezuelan State, but it is inherent to the therapeutic discourses and practices displayed by UNICEF in the context of the intervention. It is associated with the way in which therapeutic discourses and practices converge with the political rationality that supports social order in Venezuela. The establishment of the

autonomous individual with an “internal existence” amenable to particular forms of self-inspection and management functions as a “governmental technology of the self” (Rose, 1998a, p. 245) that facilitates forms of self-government and social regulation.

Discourses about the unmanageability and lack of self-regulation of those sheltered in Fuerte Tiuna (attributed to their marginality) are elaborated by reference to the intervention’s ability to act upon their capacities and propensities in a regulatory way as a condition to achieve therapeutic ends. In this way, a governmentality strategy is specified by articulating the government of the self with the relationships with others (Foucault, 1997). In the same direction, people’s psychological condition is specified by reference to their social exclusion, made visible to interveners following the social mobilisation and disorganisation that resulted from the disaster and that found a legitimating structure in the processes of political changes initiated by the government of president Chávez.

Ethical and political implications

A final issue refers to the way in which practices and discourses of the intervention support specific forms of social relations that interlock with the dynamic of social exclusion that marks the situation of people sheltered in Fuerte Tiuna. UNICEF’s intervention is analysed for the way it is embedded in the social dynamics of Venezuela and the consequences of it being aimed at people in a situation of social marginalization.

I examine the way in which UNICEF’s psychosocial intervention maps onto the dynamics of exclusion/inclusion in Venezuela, particularly how the construction of the ‘other’ –supported on psychological categories— contributes to maintain people’s exclusion and supports the maintenance of social order in Venezuela. To approach this issue, I explored how psychological discourses engage with discourses to justify and reproduce social exclusion in Venezuela.

I have aimed to make explicit the links between the categories put forward by UNICEF’s intervention and the macrosocial processes and materiality within which such categories operate. The identification of these networks and the political and ethical effects of UNICEF’s intervention seem particularly relevant in the light of the difficulty of discerning political elements amongst the therapeutic discourse upheld by an organisation whose advocacy is founded in its apoliticism.

RESEARCH AIMS AND OBJECTIVES

This research aims to explore issues regarding the power effects of UNICEF's intervention in Venezuela, in particular, how its discourses and practices make a variety of positions available to those involved with different power consequences. I propose to explore how different models of the psychosocial are elaborated within discourses that support the intervention, and how these models support or undermine the prevailing social and political order in Venezuela and, specifically, how they engage with the social and political polarisation prevailing in Venezuela at the time of the disaster.

This thesis is divided into three parts. The first part (which includes this chapter) introduces the theoretical frameworks within which psychosocial interventions in emergencies have been developed, states the research aims and objectives, presents the social and political context in which the disaster in Venezuela took place, describes the relief responses (including the participation of psychology) and outlines the methodological framework for the research.

The second part introduces the three thematic dimensions fundamental for the analysis which comprise the discursive construction of the disaster, of the affected population and of the psychological impact of the disaster. These constructions have practical – programmatic— consequences to the extent that they attribute specific qualities to the disaster, establish links between it and those affected, position those affected in relation to each other, articulate the disaster with a psychological discourse and sets up the foundations for making relevant the intervention of psychologists in the attention to those affected. The different constructions of the disaster and its impact –as different sorts of problems— seem to invite various forms of interventions, while endowing subjects with assorted qualities that open or close various existential options.

The third part discusses –on the basis of the constructions previously mentioned— some disciplinary, political and ethical implications of the models put forward by UNICEF's intervention in Venezuela. This third part of the analysis moves beyond the boundaries of UNICEF's self-presentation through its discourses and practices, to issues that arise from a critical interpretation of the projection and engagement of those discourses with the affected population and the Venezuelan society as a whole. In methodological terms, the second section provides the grounds for the discussion presented in the third part. In particular, three issues will be examined: how UNICEF's intervention in Venezuela can

be considered as embodying a process of subjectification; the models of trauma supported by the intervention and their effects on those affected and, finally, some ethical and political implications of UNICEF's intervention, on the basis of the analysis previously presented.

CHAPTER 2

THE DISASTER IN VENEZUELA: SOCIAL AND POLITICAL CONDITIONS

THE CONTEXT: SOCIAL AND POLITICAL POLARISATION

In December 1998, former lieutenant colonel Hugo Chávez –who in 1992 had led an attempted coup d'état against the Christian Democrat government of Rafael Caldera— was elected as president of Venezuela. The election of 1998 and the ascent of Chávez and his civic-military “Movimiento Quinta República” [Fifth Republic Movement] to power marked the start of a new era for Venezuela, outstanding for its political and social polarisation.

The election took place in the midst of a severe crisis of the model of political representation established in Venezuela since the inception of democracy in 1958, in which a very small number of parties and groups –gathered under the “Pacto de Punto Fijo”— concentrated the capacity to organise and mobilise the population (Virtuoso, 2000). The growing complexity of Venezuelan society was accompanied –since the 1980s— by a diversification of social interests, the emergence of new political demands and the appearance of new forms of political action (Rodriguez-Mora, 1996a). In this context, the traditional model of political leadership represented by AD and COPEI (the two dominant parties until the election of Chávez) was seriously questioned for its elitism, clientelism, corruption and pragmatism. The attempted coups d'état in 1992 and its support amongst the population fostered the collapse of the two traditional parties and underpinned the election of Chávez.

Some clear tendencies marked the new political scenario in Venezuela after 1998: the emergence of an unstable multipartisanism, the strengthening of a process of political decentralisation based upon regional leaderships and the growing social and political polarisation of society. This has been accompanied by a mobilisation of the organised civil society that has decided to intervene directly in politics.

Chávez's political campaign had represented the desire for change of many Venezuelans and was supported by symbols that connected him with the Venezuelan national ideology and "the romanticism that the heroes of independence provoke in Venezuelans" (Virtuoso, 2000, p. 33). Once in power, Chávez initiated a process of radical political and institutional changes known as the "Bolivarian Revolution". Such a revolution included –as one of its fundamental tenets— the drafting and approval of a new Constitution, the substitution of the National Congress by a Constituent National Assembly with extraordinary powers to govern during the transition, the replacement of the old political class by new leaders from the Bolivarian movement and the development of a military-civilian alliance that would entrust important governmental positions to military personnel.

The National Constituent Assembly opened new channels for political participation in Venezuela and the Constitution it drafted established alternative mechanisms for the promotion of political changes, such as referenda and the revocability of public mandate. It also raised fears that the new political actors could fall prey of the temptation of intolerance and concentrate power again in few hands. In this way, the Bolivarian process was accompanied by popular hopes for a more participatory democracy with social justice as well as by concerns about what were considered to be the authoritarian and hegemonic tendencies of the newly elected president, who referred to himself as the "central column of the process of changes" (na, 2000).

According to PROVEA (2000), the new government was characterised by privileging a "direct dialogue" with the population (through Chávez's weekly radio programme and TV "chains", frequent public appearances, and own newspaper); the disqualification of any political opposition and the progressive incorporation of military in the public administration. During the first year of government, this strategy was intensified, widening the political universe subjected to the presidential confrontation, generating a progressive dissolution of the alliance that had brought Chávez to power and distancing his government from other sectors that had initially expressed sympathy towards the process of change started in Venezuela.

The tensions that resulted have been considered as grounded, on the one hand, in a simplification of the social processes that leads to privileging voluntarism and forgetting democratic rules on the side of Chávez's supporters while, on the other, fostering a true

democratic transformation following the intervention of a wide variety of sectors of society in the orientation of public life in Venezuela (Virtuoso, 2000).

The process of change has been accompanied by widespread uncertainty and a deep social and political polarisation of the Venezuela population, as president Chávez has tended to mobilise popular support through a radical discourse that identifies him with the interests of the dispossessed majorities, while the extreme opposition denounces changes as threats to the dwindling middle class and as ultimately fostering communism in Venezuela. The significant presence of (active and retired) military officials in governmental posts has been the object of strident public debate, raising serious concerns about the militarisation of public life in the country.

In the midst of this scenario of polarisation, uncertainty and confrontation, the new Bolivarian Constitution, drafted by the National Constituent Assembly, was to be submitted for public consideration by a national referendum, on December 15, 1999.

THE DISASTER

On the day that the National Referendum to approve the new Bolivarian Constitution was to take place, occurred the natural disaster of the biggest dimensions in the history of Venezuela. After unusually intense and continuous rain, floods and mudslides affected several states of the country, causing thousands of deaths, widespread destruction and huge amounts of people to be displaced. The coastal state of Vargas, neighbouring the capital, Caracas, was the most affected of all and extensive damage was caused in the rest of the country, with catastrophic consequences for the population, the urban infrastructure, basic services and the environment (CEPAL & PNUD, 2000).

The disaster of December 1999 was caused by a combination of meteorological, geological and anthropogenic factors, of which the crucial one seems to be the abnormal concentration of very intense rains in a short period of time. Unusual amounts of rain had started in April and continued in July, October, November and December of 1999. Between the first and the 16 of December, the rainfall in Venezuela was eight times its normal quantity for that month, reaching a peak during December 15 and 16 when, according to estimates, the rainfall reached up to 911 mm (Negrón, 2000; PAHO, 2000). The historical record (in 1951) was 70 mm and the yearly average during the previous 87 years was 900 mm (Negrón, 2000). In other words, during those two days of

December the rainfall amounted to what was expected for the whole year, this extraordinary concentration of rain between the 14 and 16 of December constituting the immediate origin of the disaster.

The wave of rain affected mainly the central northern coastal area of the country, being the Federal District, and the states of Vargas, Miranda, Falcon, and Zulia the most affected of all [See Insert No. 1]. In Vargas the damage was extensive, amounting to approximately 60% of the state infrastructure (PAHO, 2000).

In order to understand the impact of the disaster in Vargas, it is important to consider that the most affected area is a stretch of land about 30 km long, with a width of between 2 and 4 km “literally squeezed between the Caribbean Sea and the Cordillera of the Coast, which reaches heights of 2,700 meters above sea level, and whose horizontal distance from the sea can be, as in the case of the Naiguatá Peak, only 8 km” (Negrón, 2000, p. 38). This feature determines the existence, in the affected area, of small but very abundant watercourses, with abrupt slopes, sometimes with informal constructions on the lower sides of the streams.

During the night of December 15, the intense rain on the top and on the sides of the Avila Mountain provoked an accumulation of rain in naturally-formed dikes, which were finally overflowed, increasing the power of several simultaneous avalanches. Violent mudslides occurred in the highest part of the mountain chain, leading to intense erosion of the glens and streams, creating or extending gullies and generating landslides and avalanches in successive stages of growing violence. This resulted in “the accumulation of a great expansive force and dragging and pushing pressure that ‘exploded’ upon the lower part of the thin coastal strip” —where most of the population was located— generating enormous damage on the debris cones and sending to the sea great amounts of soil and rubble (PAHO, 2000). During the mudslides, the courses of water dragged all types of sediments, including tree-trunks and huge rocks, which reached speeds of up to 40 km/h. The result was not a flood in traditional terms, but several simultaneous avalanches that covered the whole area. According to Negrón (2000), not less than 11 million cubic meters of sediments —equivalent to 200,000 truckloads of rubble— covered the zone. The violence of the dragging flux affected vast populated areas of the central littoral in the slopes of the rivers that had developed, along the years, in highly vulnerable coastal sites, causing damage unprecedented in Venezuelan recent history in terms of lives and goods (CEPAL & PNUD, 2000).

According to CEPAL events in Venezuela significantly differ in environmental factors to those of Hurricanes Mitch and Georges, as in such cases the human action previous to the disaster (particularly, deforestation) “contributed to amplify the effects of the disaster, while this does not seem to be the case in the recent rains in Venezuela” (2000, p. 54). However, there is a similar environmental vulnerability with previous disasters due to the location of human settlements in the margins of rivers, debris cones and other zones of high risk.

Although there are no reliable estimates of the number of fatal victims of the disaster, nor of the number of injured or disappeared, official reports a week after the events placed the death toll “between 246 and 338” (CEPAL & PNUD, 2000, p. 15). The FUS (National Social Fund), one of the official bodies in charge of attention to victims, reported 3,170 deceased. Non-official sources, however, state the number of fatal victims as between 10,000 and 30,000, a quantity that seems elevated in the light of the total population of the destroyed area (PAHO, 2000). There was also an indeterminate amount of people who disappeared, estimated between six and seven thousand.

The state of Vargas was the most severely affected, with damages amounting to 2,069 million US dollars, corresponding to 167% of its share in the GNP (CEPAL & PNUD, 2000). Vargas is a coastal federal entity of recent creation. It hosts two fundamental services which represent its economic base: the maritime port of La Guaira (the most important cargo port of Venezuela) and the international airport “Simón Bolívar” (the biggest in the country). At the time of the disaster, it had more than 300,000 inhabitants. Due to its abrupt topography and the presence of the “El Avila” National Park, the urbanised area occupied only around 50 km² (Negrón, 2000). As a result of the disaster in Vargas, 5,342 houses were destroyed and 2,667 damaged, out of a total of 83,480 houses; around 50% of the schools were left unusable and it is estimated that 35,000 children did not return in January to the school they had left in December (CEPAL & PNUD, 2000). The port of La Guaira ceased operations during 36 days, while the international airport was closed during 20 days. Some areas of Vargas were practically swept away by the mud, as in the case of Carmen de Uria and to a lesser extent Macuto. Partial or total destruction similarly affected all social sectors, constituting a distinctive characteristic of this event “in contrast with others in which the most vulnerable sectors have been the poorest” (CEPAL & PNUD, 2000, p. 16).

During the first weeks following the disaster, practically all the population of Vargas was evacuated to temporary refuges in Caracas or elsewhere in the country. By January 17, there were 280 shelters nationally with a population of more than 70,000 people (CEPAL & PNUD, 2000), not including those who found refuge in houses of family or friends.

Immediately after the disaster, massive looting –of private houses, depots, schools, hospitals and shops— and violent actions against persons –such as rapes and robberies— took place in Vargas. Although this seems to be a ‘normal’ response after this type of event, it was also attributed to Chávez’s permissiveness towards looters and the social polarisation in the area –between relatively wealthy owners of weekend houses and poorer inhabitants of the surrounding barrios. Following public outrage at the looting and other actions of violence, parachuters armed with long weapons were airlifted to the most affected areas and a non-official curfew was imposed by the Armed Forces. The following weeks, Human Rights organisations and journalists denounced extra-judicial executions carried out by military and police personnel in the area (Davies, 1999), and a violent polemic ensued, Human Rights constituting thus an important issue of the post-disaster political agenda. The social impact of these events was characterized by Negrón as being of

more difficult quantification [than the disaster] both in its material dimensions as in its cultural, social and psychological sequels for those affected (...) the type of goods looted, of houses or stores, but even more the promptness with which they were simply destroyed, suggest the existence of very primitive or vandalic forms of social resentment the base of which doubtlessly is in the enormous inequalities that afflict the Venezuelan society and that with, disconcerting irresponsibility, have been fed from the higher sphere of the national political power, seemingly as a way to secure the adhesion of the poor majorities (2000, p. 40).

The pugnacity provoked by these events was magnified by the political confrontation between the national and the local government in Vargas, which was then headed by a governor from an opposition party.

The live TV and radio coverage of events made the whole country immediate witness of the victims’ call for help, of their impotence to confront the waves of water and mud that covered the affected area, of their suffering on seeing members of their families being dragged to the sea. Within hours of the disaster, massive actions of solidarity were displayed around the whole country. Several centres were established to receive

donations of food, mattresses and clothes and a multitude of people presented themselves as volunteers to work in the rescue and relief operations.

Immediately after the disaster, Civil Defence, the Armed Forces and several organised groups started rescue operations and the evacuation of the population from the affected areas towards secure shelters, initially at the Airport “Simon Bolivar” and in other military and civilian sites.

On the day of the disaster, December 15, 1999, a state of emergency was declared in all regions affected by the floods and mudslides. The next day, the National Assembly ratified the state of emergency and the Minister of Foreign Affairs requested the solidarity of the international community. On December 23, the Venezuelan government appealed for the support of the UN, as the disaster had surpassed the country’s own capacity to embark on a process of reconstruction without the cooperation of the international community. Meanwhile, on December 22, the United Nations General Assembly passed a resolution appealing to the international community to respond in a prompt and generous way in its aid to Venezuela (CEPAL & PNUD, 2000). The reaction of the Venezuelan State and society was praised as exemplary, as the massive rescue operation was carried out with the involvement of public and private organisations and groups.

The political situation in Venezuela at the time of the disaster imprinted some particular characteristics upon the rescue operations. The confrontation between the local and central government led to a marked public protagonism by all the parts involved, both during the rescue operations and in the provision of attention to the affected population.

Strong criticisms fell over Chávez’s behaviour before and immediately after the disaster. Such criticisms initially referred to his exhortation to the population of Vargas in the hours previous to the disaster to vote in the national referendum despite the fact that on the morning of December 14 two people had already died and 1,700 had been left homeless in the whole country due to the heavy rains and mudslides. This was in addition to the 52 people that had already died as a result of the floods in the whole country since the start of the rainy season in May (Luna Noguera, 1999). On December 14, a national newspaper reported that after three days of rain, repairing the losses in road infrastructure would require an equivalent to 4.5 million dollars, while there were

6,400 people “damnificadas” until Sunday the 12th (Negrón, 2000). In the light of this data, the disaster was “but a culmination of an abnormality that was being clearly announced ahead of time” (Negrón, 2000, p. 40). On December 14, in the face of this adversity, and with the prospect of diminished participation at the polling booths, Chávez called Venezuelans to go and vote despite the rains. In his closing speech of the electoral campaign, Chávez repeated a famous phrase pronounced by Simón Bolívar after the earthquake of March 26, 1812, in reply to pro-Spaniard priests who had seen in the event a signal of heavenly opposition to the Bolivarian forces: “If nature opposes us, we will fight against it and will make it obey us”.

For some analysts (Chiappe, 1999; Negrón, 2000), the catastrophe could have been avoided had it not happened the same day as the national referendum to which the government had assigned top priority. In this context, encouraging people to go to vote disregarding the rain evidenced the prevalence of political interests over the collective security of the population, prompting the population “with puerile ‘Bolivarian’ symbology to defy nature...to go to the polling booths to cast a favourable vote for its project of Constitution!” (Negrón, 2000, p. 41).

Interestingly, the reaction of important sectors of the Catholic Church –vocally opposed to the new constitution— resembled that after the 1812 earthquake. On Saturday the 19th, in a multitudinous mass at the Basilica of Santa Teresa, before taking the Nazarene in procession around the city (which is something exceptional, that takes place only during Ash Wednesdays and in cases of great calamities) the archbishop of Caracas, Ignacio Velazco, addressed the multitude with these words:

There are some of our sins that attract God’s wrath. It occurs like that with our political or administrative confrontations, in which we don’t deal with the other with nobility or respect. That is the case of this ‘señor’⁴ who improvises and says things with arrogance. We will ask God to forgive his sins. The sin of arrogance is a serious one, and it is nature itself that is in charge of reminding us that we don’t have all the power nor all the capacities (Nuñez, 1999).

In this way, both the disaster and its response were framed initially by the massive participation and the concrete solidarity of thousands of people from all social and political affiliations in the rescue and relief operations, and later, by the intense political polarisation and controversy that accompanied the transition associated with the

³ The term “damnificado” is usually employed in Venezuela to refer to poor people left homeless as a result of the rains of other similar occurrences.

⁴ In reference to Chávez.

changes promoted by the Bolivarian government. Social alliances along socio-economic lines –still diffuse at the time of Chávez’s election— were clearly demarcated in the months that followed the disaster and supported a political mobilisation that (in contrast with the populist governments since 1958) fostered the direct participation of people in public affairs. In practice, this entailed placing those affected from the poorest sectors – previously socially and politically excluded— at the centre of the government’s rehabilitation policies and, with this, antagonising those whose interests were left out of the governmental attention.

CHAPTER 3

RELIEF RESPONSES: THE PARTICIPATION OF PSYCHOLOGY

RELIEF AND REHABILITATION AFTER THE DISASTER

Immediately after the disaster, a massive operation was started to relocate thousands of people displaced from Vargas and other states to shelters and temporary refuges. The participation of governmental and non-governmental organisations in this initial phase was supported by international aid, in the form of food, equipment, experts and funds.

On December 21, a second phase of relief operations started with the establishment of a National Committee for the Emergency, coordinated by the Minister of Health and Social Development. The Committee had 13 sub-committees organised in three areas: Social Development, Infrastructure, and Communication and Support, and was to work for a period of three to four months to prepare the conditions for the start of the third phase, the reconstruction (PAHO, 2000). During the first weeks after the emergency, the focus was placed on the management of shelters where thousands of people remained, waiting for their relocation to other regions of the country. This relocation—which was concretely advanced in the months that ensued—supported a process of territorial reorganisation that Chávez had envisaged as part of his administration.

After the disaster, experts and professionals of different areas participated in the reconstruction under the institutional frameworks created by governmental, non-governmental, national and international institutions. The area of social development was particularly active, and several fora were generated in order to collect their input and coordinate the relief and rehabilitation efforts of NGOs, professional bodies, and other sectors of society.

THE PARTICIPATION OF PSYCHOLOGY IN THE ATTENTION TO VICTIMS OF THE DISASTER

The participation of psychologists and of other mental health professionals in the emergency operations started in the very first hours after the news about the disaster broke. Initially, it resulted from a variety of initiatives and demands, for which there was not a central organizing body. Professionals of national and international institutions, governmental and non-governmental organizations, all converged on the shelters, schools and hospitals where those affected by the disaster were being given attention. At first, the different institutions and persons involved carried out parallel interventions, although very soon spaces for inter-institutional and professional coordination were established.

At the national level, several governmental and non-governmental initiatives shaped what would be the intervention of psychologists in the disaster. Amongst those, the most significant –for the amount of people involved, the scope of attention covered and the influence in policy-making— were the ones undertaken by the Area of Psychology of the Universidad Central de Venezuela (UCV), the Universidad Católica Andrés Bello (UCAB), the governmental Fondo Unico Social (FUS) and the Ministry of Health and Social Development (MSDS).

During the TV broadcasting of the events, several organisations appealed for help and donations and information was provided for centres where people could present themselves to work as volunteers. On December 16, the Armed Forces Unified Commando (CUFAN) made a public request –through national TV— for psychologists to help in the care of the affected population. Those willing to volunteer were asked to phone 800-CUFAN, where their data would be taken and they would be assigned to a shelter. That same day, Juan Carlos Canga, a psychologist graduate from UCV started a networking process that would prove fundamental in promoting the organised participation of psychologists in the relief efforts after the disaster. He contacted the directors of the School and the Institute of Psychology of the UCV and advanced the idea of convening a meeting with those mental health professionals and students willing to volunteer. The invitation –supported by the two institutions, plus the post-graduate courses in the area of Psychology— was circulated through Psique-I –an email list for Venezuelan psychologists— and also through the TV, radio, phone calls and newspapers.

Meanwhile, the director of the School of Psychology contacted Civil Defence, the governmental body in charge of rescue operations, with which a preliminary agreement had been signed in 1998 regarding the establishment of a basic course on Civil Defence and a specialisation on Disaster Psychology (Jesús Sánchez, personal communication). As in the rest of the interventions, personal networks played a crucial role in the establishment of institutional links, as both the wife of the National Director of Civil Defence and the head of its “Programme of Psychological Support” were graduates of the School of Psychology at UCV. This presence of alumni of the School of Psychology in governmental and non-governmental bodies was instrumental in all interventions.

Psychologists responded massively to the invitation to participate in the support of those affected by the disaster and on December 17, more than 280 psychologists and psychiatrists, and more than 400 advanced students of Psychology gathered at UCV to organise their volunteer participation in the relief operations. It was agreed that the action of psychologists and students connected to UCV would be coordinated under the figure of the “Red de Apoyo Psicológico” [Network of Psychological Support]. The headquarters of the Network and its coordination centre were located at the School of Psychology of UCV. They operated 24 hours a day between December 17 and 27, and 12 hours a day until January 3. After that time, most of the psychological interventions headed by volunteers came to an end.

The Network was constituted by psychologists specialised in social, educational, clinical, industrial, and psychoanalytical approaches, reflecting the structure and specialisations that organise the study of Psychology in the UCV. A unifying conceptual framework was not established, although it was decided to draw up general guidelines that could support the different types of intervention. The first of these guidelines was produced on December 18, by Dr. Mireya Lozada, of the Institute of Psychology of UCV, and by myself. They were widely distributed through email and presented mental health professionals working in refuges, and also to governmental institutions.

The participation of Civil Defence was instrumental in the definition of the priorities of the Network, as in the weeks following the disaster, there were more than 200 refuges in Caracas (Gomez, personal communication) many of them spontaneously established by communities that took over schools or disused industrial buildings, transforming them into refuges. The Psychologists of the Network gave attention in 38 centres in Caracas and the surrounding area and their work included the generation and distribution of

guidelines for psychosocial intervention, the establishment of a free phone line for psychological support and the presentation of policy recommendations to official bodies.

At the same time, some psychologists intervened in relief operations without any affiliation to the coordinating bodies established during the emergency. It was frequent to find ‘lone psychologists’ who would present themselves to the refuges offering assistance of all imaginable types (from conversation to ‘hand imposition’ and ‘Bach flower remedies’) and requesting lists of people in need of help. Such “incursions” of independent psychologists generally resulted in long lists of people self-referring themselves for psychological treatment.

At the governmental level, the FUS – an institution created by the government to foster its social policy— organised its psychosocial intervention under the direction of the “Coordination for Community Organisation”. FUS hosted several meetings with other organisations carrying out psychosocial work, such as the UCV and the National Housing Council (CONAVI) to promote inter-institutional cooperation. The fact that FUS was the organisation in charge of the official census of the affected people, brought its personnel in contact with the people’s suffering and their demand for psychological support. To respond to such demands, a psychologist was assigned to the site where the census was being taken and the organisation later established a “Coordination of Psychosocial Support”, with a team of psychologists, social workers, sociologists and educators. In the state of Vargas, the FUS organised a “Cooperation Network for Psychosocial Intervention”, in which several organisations involved in psychosocial projects gathered to exchange ideas, materials, and training and also to advance efforts to coordinate their work.

During the first days of the emergency, the MSDS designated psychosocial support as one of its priorities and appointed a psychologist –also a lecturer at the School of Psychology of UCV— as coordinator of the Ministry’s initiatives in the area. On January 4 –with the support of the Pan-American Health Organisation (PAHO)— it initiated a process of “Training in Psychosocial Attention and Recovery for the Affected Population”, with the participation of around 50 facilitators belonging to different governmental institutions.

A few days after the beginning of the emergency, institutional contacts were established between governmental and non-governmental organisations taking part in psychosocial

work. Communication between those different bodies was facilitated by the fact that only two universities in Caracas provide undergraduate courses in Psychology (UCV and UCAB) and that, as a consequence, graduates from both schools constitute a closely knit network of professionals. Although national interventions were initially loosely coordinated, after a while some important networks were created. As part of this, for example, a “Mesa Psicosocial” (Psychosocial Board) was founded as part of the work of the Venezuelan Redsoc (Redes Sociales de América Latina y el Caribe) [Latin American and Caribbean Social Networks]. In the same direction, UPA-PUES –an email list for “facilitators for the reconstruction of life projects”— was created in March 2000 as an initiative to establish a dialogue about “efforts of people, institutions, organisations of social development, community networks and base groups working in the field of psycho-social and community rehabilitation”.

Since the onset of the disaster, international organisations with a presence in Venezuela (such as UNICEF, the Red Cross, and the PAHO) were actively intervening in the attention to the victims of the disaster with specific focus on psychosocial issues. As soon as December 17, UNICEF had presented to the international community a diagnosis of the psychosocial impact of the disaster on children, outlined plans for immediate intervention in the area and allocated funds and personnel for such work. Similarly, the PAHO included “psychosocial support” as part of its four areas for technical cooperation (PAHO, 2000).

The relevance of psychosocial issues was also manifest in the demand for psychologists by the affected population⁵. According to the PAHO (2000) “psychoaffective disorders” were amongst the first five causes of request for treatment amongst the population affected by the floods and mudslides.

While immediately after the disaster, internationally and nationally-led psychosocial interventions followed relatively independent paths, after one or two weeks partnerships had started to form. Generally, this took the form of the provision of technical and financial resources, comprising training, the mobilisation of foreign experts to the country, and the funding of projects. Psychologists working under the Network of

⁵ This demand for psychological support was sometimes presented alongside that of material help. For example, in a letter to president Chávez published in a national newspaper, a man requested help in the following terms: “SOS President. I am a “dignified”, I am unhappy and filled with pain because, after eight months in the Fort Guaicaupuro, we have been abandoned by many institutions. We lack medical attention and psychological orientation. But what worries us the most is the lack of employment” (Acosta, 2000).

Psychological Support generated partnerships with international organisations that would later provide technical and financial support for psychosocial projects. Two specific projects emerged from groups initially working under the Network: one financed by PAHO (aimed at the psychosocial recovery of rescuers who worked in the emergency operations) and another funded by Save the Children UK (SCF-UK) (to promote family reunification and psychosocial recovery of children affected by the disaster).

Psychosocial interventions were widely covered by the media. Professionals involved were constantly invited to TV and radio programmes, and were also requested to speak at university fora and communities. The visibility of psychologists and the relevance of psychosocial interventions as part of the overall response to the disaster can be appreciated from the fact that during a period of one year after the disaster more than eighty articles regarding such interventions and related issues appeared in the most important Venezuelan newspapers.

On June 2000, an event organised by AVEPSO brought together professionals from forty-six psychosocial interventions developed in Venezuela after the disaster. The projects presented during the event targeted different populations (adults or children in refuges, communities in new settlements, school children, school teachers); adopted different conceptual frameworks (clinical, psychoanalytical, social); were associated with a variety of national and international organisations (universities, Armed Forces, PAHO, UNICEF, SCF-UK, Radda Barnen, Red Cross, MSDS); and employed an assortment of resources (group dynamics, workshops, cinema, reading as a therapeutic practice) (AVEPSO, 2000).

These psychosocial projects were carried out from a diversity of conceptual frameworks and resorted to different types of expertise. While different institutional networks were activated or generated in order to develop psychosocial interventions, the participation of psychologists and other mental health professionals in relief projects significantly marked the overall institutional response to the disaster.

CHAPTER 4

RESEARCHING UNICEF'S PSYCHOSOCIAL INTERVENTION: METHODOLOGICAL FRAMEWORK

QUALITATIVE ANALYSIS OF PRACTICES AND DISCOURSES

In order to address the issues posed above, a qualitative analysis of practices and discourses elaborated in the context of UNICEF's project in Fuerte Tiuna was carried out. This type of analysis supported an in-depth examination of the meanings at work in UNICEF's intervention, and how these meanings were embedded in material practices that were socially and historically specific (Parker, 1994a, 1994b).

Following the theoretical perspective outlined before, attention was given not only to 'what was said' but also to the material and historical conditions that made particular discourses and practices around the psychosocial possible and intelligible in the Venezuelan situation at the time of the disaster. Consequently, words were not treated as transparent, only designating 'things' or 'facts' to which they refer [Holloway, 1984 #224], but as embodying meanings that have been historically and politically constituted (Bhavnani, 1990; Parker, 1997).

The study embedded the discourse analysis in an account and analysis of associated practices (Willig, 1999a). Effort has been made to avoid the separation between theory/discourse and practice/materiality, treating interventions instead as operations of "objectified knowledges" which are essential to the relations of ruling of contemporary societies (Smith, 1993). The analysis will show how the project's materiality (in the form of experts, deployment of techniques and its devices and organisation of time and space within the intervention) supports certain notions of the disaster, its impact and its solution, which reveal models of the psychosocial.

DISCOURSE ANALYSIS

Following Parker's criteria (2002) discourses were identified as constituting systems of meaning realised in texts, and which usually reflect on its own way of speaking, refer to other discourses and objects, contain subjects, are historically located and support (or

undermine) institutions and power relations. Such discourses constitute institutional media and practices that produce and enact institutional relations (Burman, 1996). Texts are “delimited tissues of meaning reproduced in any form that can be given an interpretative gloss” (Parker, 2002, p. 147).

During the fieldwork (described below) a wide variety of documents, observations and reflections about UNICEF’s psychosocial intervention in Fuerte Tiuna were gathered. These included documents, interviews (individual and group), videos and news reports, but also diaries with observations about the networks of practices, sites and conditions within which the intervention was inscribed. The transcribed texts of these documents, observations and reflections constitute the corpus of the analysis (see Primary Sources in the Bibliography).

The discourse analysis followed the process outlined by Parker (1994a) which comprises: the transcription of the texts into written form, the itemisation of the ‘objects’ appearing in the texts, the identification of discourses constructing the objects and the subjects of the discourses, the analysis of the implications of this construction for power and resistance and the analysis of how discourses support or subvert related social institutions. In this sense, of particular importance is the identification of positions that have been pushed to the margins of the discourses, and the interests and institutions such positions serve.

In the analysis, discourses will be approached following the etymological sense of ‘discourse’, as the action of running from here to there, as the errands within which meanings are employed and generated through relationships between those who are positioned by them. Following Barthes (1982), I will try to reflect how words cannot be understood in a rhetorical sense, but rather in a gymnastic or choreographic sense and particularly how the process of signification participates in and is informed by the terrain upon which it is situated.

In this sense, I will present discourses and practices as embedded in the circumstances in which they are elaborated, shared and transformed, rather than looking for some essence of the discourse as a sort of fixture existing in a vacuum.

It is important to note that the descriptions that will be presented do not presuppose deliberate intentionality in the actions and words of participants. The purpose of the descriptions is to set the ground for a critical interpretation and analysis of the meanings

and implications of the discourses and practices that constitute UNICEF's intervention, and which can be considered as surpassing the actors' own understanding of their acts (Kelly, 2000).

As suggested by Parker (2002), I pay attention to variability, construction and function in discourses. In the first case, the analysis accounts for the way notions and subjects were constructed, but also for inconsistencies and contradictions within different fragments of meanings in a text. These overlapping and competing descriptions of the disaster, the affected subjects and the production of the impact provide elements for discerning power issues displayed in each case. Secondly, I pay attention to the process of construction, that is, to the use of cultural resources through which the symbolic activity is employed to make sense of reality. In this sense, it is particularly significant to emphasise how discourses actually produce objects and positions from which the subjects are afforded or denied forms of action that engage them in liberating or oppressive relations. These relations are not to be understood as abstractions that are realised only at a subjective level, but as shaping and embedded in material structures. The analysis of subjects-positions must be presented within an account of the operation of these material structures within which those positions reproduce (or contest) forms of social organisation. Finally, the issue of function attends to the way in which discourse "does things" (Parker, 2002, p. 131), that is, how it supports or challenges the situations to which it refers, playing a fundamental role –through the process of participation in regulative practices— in the power dynamics of society. As Parker contends: "[t]he term function (...) emphasizes the action and outcome-orientated nature of descriptive discourse against views of language as an abstract, essentially referential system which have been prevalent in psychological theory and practice" (Parker, 2002, p. 163). Consequently, the analysis avoids essentialist accounts by locating the texts in the cultural and historical processes of their constitution with particular attention to the social dynamics that reproduce exclusion of those sheltered in Fuerte Tiuna.

Three dimensions were the focus of the research: the disaster, those affected by it and the psychological impact. These objects –defined in the discourses— were crucial for identifying psychosocial models constructed within the intervention and their power effects on the population and institutions involved.

Procedure

A group of texts produced around UNICEF's psychosocial intervention in Venezuela were analysed. The case was defined as the intervention as developed in the context of the several institutions involved and focused on the attention to the people sheltered in Fuerte Tiuna. By delimiting the case in this way, I was able to follow it through the variety of institutional spaces and sites it cross-cut in order to address the research questions presented above.

The Atlas.ti software for qualitative data analysis was employed to organise the coding and categorisation of the texts and to support the analysis. Despite Parker's opposition between the possibility of carrying out a "theoretically informed critical reading" and the use of what he calls "short-cuts with computer software to code the material" (2002, p. 135), in doing this research the use of Atlas.ti constituted a resource which facilitated the critical reading, organisation and analysis of the texts. I used the programme, to organise the coding of texts, to register reflections and ideas regarding specific pieces of the text and to relate them with other texts, registers of practices and so on. In this way, the use of the software did not imply a reduction of the analysis to an automatic coding of units of texts assumed to carry the same meaning, nor a relinquishing of my involvement and responsibility in the analytical processes.

Coding was done manually, and the criteria were of semantic nature. Each dimension (the disaster, those affected and the psychological impact) was analysed to identify central themes. In the process –and following Parker — I avoided a view of language as a "set of labelled discrete packages of meaning that always carry the same value regardless of context" (Parker, 1997, p. 294). My simultaneous condition as participant in the Venezuelan culture and life (of the lower middle class), social psychologist and researcher gave me access to a variety of cultural and symbolic resources from which to establish a dialogue with those involved in the intervention, code the texts and generate the analysis presented in this thesis. Furthermore, the access to critical discourses within Social Psychology and specifically concerning psychosocial interventions in emergencies constituted a resource that allowed me to develop a reflexivity (Parker, 2002) linked to the operation of alternative discourses at work in UNICEF's project.

As for the generation and analysis of text, it seems important to emphasise that –in the context of interviews— questions were produced that were relevant to the theoretical perspective in order to produce pertinent materials. During the fieldwork, I participated

in a variety of interviews, discussions and conversations with people involved in the intervention. In all cases, I engaged in the dialogue from a critical perspective that questioned unrecognised power effects of psychosocial interventions. The texts, in this sense, were produced; they were “not the expression of immanent ideas awaiting expression” (Hollway, 1989, p. 36):

People’s accounts are always contingent: upon available time and discourses (the regimes of truth which govern the directions in which one’s thinking can go); upon the relationships within which the accounts are produced and upon the context of events recounted; upon power and the defences in operation against formulating different versions because of their self-threatening implications (Hollway, 1989, p. 39).

During the analysis, specific extracts were chosen for a purpose, and their significance, more than a property of the extract, can be understood as emerging from “the work it is put to do” (Hollway, 1989, p. 26).

Research corpus

Although during fieldwork extensive data was gathered regarding four psychosocial interventions implemented in Venezuela at the time, after close examination of the data for each of the cases –and taking into consideration the time limitations imposed for the realisation of the PhD– I decided to restrict the analysis to the intervention developed by UNICEF, as it was the only one with extensive experience in the matter and established policies systematically expressed in documents, positions and so on.

Texts from a variety of sources were introduced in the analysis, including semi-structured and unstructured interviews with designers, implementers and people sheltered in Fuerte Tiuna; institutional documents (such as handbooks, press releases, web-pages and booklets) produced by UNICEF and partner institutions; and newspaper clippings referring to the interventions. In the thesis, quotes from the texts are identified with a T and a number enclosed in square brackets, which correspond with the list of Primary Sources presented in the Bibliography. Additionally, a suffix after each number indicates the type of text: ‘doc’ identifies UNICEF documents, ‘press’ identifies press releases and reports, ‘int-des’ refers to interviews with designers, ‘int-imp’ refers to interviews with implementers, ‘int-ben’ corresponds to interviews with beneficiaries and ‘fd’ to notes from the field diary.

Reflexivity

The reflective nature of the knowledge generated during the research was explicitly acknowledged (Denzin & Lincoln, 1998; Parker, 1994a). The political, cultural and social differences and identities between myself and the participants in UNICEF's intervention were discussed within a process that implied the negotiation of meanings within which the interpretative framework of each participant was specified (Harré & Gillet, 1994). Methodologically and ethically, this implied working 'with' rather than solely 'on' (Burman, 1994b) UNICEF's intervention, incorporating in the research the reflective character of myself as researcher and of participants. This entailed actively working what Fine (1998) has designated as the Self-Other 'hyphen'. Working the 'hyphen' in this research meant acknowledging, recognising and theorising the link that merged and separated researcher and participants, actively engaging in a dialogue about the interpretation of the stories that are being told, whose stories are being shadowed, why, and with what consequences. This form of reflective analysis and reporting aims to avoid speaking 'of' and 'for' Others, while occluding my own investments and participation in the texts (Fine, 1998; Marecek et al., 1997).

FIELDWORK

After the disaster, I participated as a volunteer in several psychosocial projects carried out in shelters and in affected communities, both in Vargas and in Caracas. Being in Venezuela during the occurrence of the disaster allowed me to participate since the first days and observe and register the emergence and implementation of several interventions. At the same time, it provided me with contacts that granted me access to the four psychosocial projects on which I initially focused my fieldwork. In what follows, I briefly recount my involvement with psychosocial interventions after the disaster; present a succinct description of the interventions analysed; and outline some constraints and possibilities associated with my particular engagement with such projects, as it was from those conditions that discourses and practices analysed for this research were produced and registered.

Involvement with psychosocial work after the disaster

On December 17 (two days after the disaster) I participated in the meeting of psychologists at the UCV. I joined a group working in one of the refuges and later I

took part in the production of criteria for psychosocial interventions and for the management of shelters. Later, I participated in talks, conferences and the facilitation of workshops on the guidelines for psychosocial interventions and in meeting and discussions with governmental bodies regarding public policy following the disaster.

After the disaster, the issue of separated families occupied public attention and the concern of those working with affected people. Since the start of the emergency, I had been exchanging emails with personnel from SCF-UK, an organisation for which I had worked in 1998. Following my requests for advice and information on the issue of “separated children”, SCF-UK sent several materials, including chapters of a handbook on the topic, which were later translated and adapted to the Venezuelan situation.

The volunteer work of psychologists in most shelters ended on December 24, although some was maintained until the first days of January. Before ending my participation in one shelter, I was asked by SCF-UK if the group I was working with at the time (the Network of Psychological Support) needed funding, which they were willing to provide. I invited two other psychologists (Maritza Montero and Mireya Lozada) to join me in the coordination of a project centred on the issue of family reunification. It was decided that AVEPSO (of whose executive board the three coordinators had been members) along with the Institute of Psychology of UCV would take the responsibility for overall management and sponsorship of the project at a national level. Several actions were developed as part of the Family Reunification Project, including the gathering of technical information on the issue of separation and family reunification, meeting with officials and institutions in charge of decision making and policy design on the issue, participating in radio programmes, developing a workshop with several of the most important institutions, and translating, adapting and publishing the original handbook of family reunification initially published by SCF-UK⁶.

During the first days of the disaster, I approached personnel from UNICEF in Caracas, which had started —on December 18— the implementation of a project of psychoaffective recovery. The participation in the Network of Psychological Support and in the Family Reunification Project allowed me to meet personnel from several other organisations carrying out psychosocial interventions, some of which I would later include in my research. It also provided me with the opportunity to gain a clear

perspective on psychosocial intervention projects being developed in Venezuela, their differences, and the viability of carrying out systematic research about them. At the same time, it allowed me to establish contacts with a variety of national, international, governmental and non-governmental organisations working in the attention of the affected population, and to access information about the dimension and nature, both of the disaster and of the different responses to it.

The initial projects

After a short return to Cambridge in order to arrange the leave to do the fieldwork in Venezuela, I approached several organisations that were carrying out psychosocial interventions, all of which still had ongoing programmes. At the same time, I was contacted by several organisations to support their intervention projects. Meeting with organisations in that context provided important spaces for exchanging ideas with other people working in the area.

In order to gather data that could be descriptive of the variety of psychosocial interventions implemented in Venezuela at the time, I carried out observations of projects developed by four organisations: UNICEF, PAHO, AVEPSO and FUS, so that the spectrum of international, national, governmental and non-governmental organisations doing psychosocial work would be covered. A logistic consideration was made in selecting these interventions, as all of them were carried out in Caracas or in the neighbouring state of Vargas, which would make it possible for me to follow them on a continuous basis. However, access to Vargas during the first months after the disaster was dependent on the conditions in the area, and on several occasions trips had to be suspended due to rain, to fallen bridges or roads blocked by inhabitants of Vargas demanding attention from the national government. On other occasions, security issues had to be taken into account, as safe access to particularly dangerous areas was dependent on the use of vehicles clearly identified with institutional logos of governmental bodies and the support of members of the communities directly benefited by the programmes.

In each case, the research work was negotiated with those responsible for the projects and was preceded by the presentation of the aims and methods of the research, and the

⁶ Lozada, M., Montero, M., Rangel, A. & Rodríguez-Mora, I. (2000) *Reunificación Familiar en Situaciones de Emergencia* [Family Reunification in Emergency Situations]. Caracas: SCF (UK), AVEPSO, Instituto de Psicología. Adaptation and translation.

commitment to return to the organisations all gathered information once it was systematised. I had a very positive response from the organisations, and was given access –in addition to the concrete spaces of implementation— to their personnel, meetings and, in some cases, computer files.

In all cases, the research work led to an active participation with the projects under study, either by being part of their evaluation team (AVEPSO, UNICEF), facilitating or co-facilitating workshops (PAHO, FUS) or writing a booklet about psychosocial intervention (UNICEF). This allowed me not only to carry out a participant observation but also to be actively engaged in a dialogue and reflection about a wide variety of issues with those related to the projects.

During my fieldwork (from December 1999 to August 2000) I carried out 80 interviews with personnel in charge of the design, implementation and evaluation of the projects, and with members of the beneficiary populations. I gathered documents, pictures and newspaper clippings, computer files and web-page contents regarding both the disaster and the interventions. I registered observations, conversations and reflections about the daily development of the interventions, took pictures and sometimes recorded narratives of people about such images, collected newspaper articles on the disaster, its political and social context, and the specific psychosocial projects on which I was focusing.

It is important to mention that each intervention involved the participation of several institutions. For example, the work of UNICEF was carried out in partnership with the Venezuelan Red Cross, Venezuelan Scouts and the Venezuelan Armed Forces. However, for clarity purposes interventions will be named here by reference to the main organisation responsible for it. In what follows I present a brief description of each of the interventions, and the type of work I carried out with them.

Unicef

Immediately after the emergency, the UNICEF office for Venezuela and Colombia decided to start a series of actions in the area of its mandate. Regarding psychosocial issues, UNICEF's initiatives included the preparation of a delegation of adolescents and experts from Colombia to move into Venezuela to undertake psycho-social rehabilitation of children who –they claimed— had been traumatized by the disaster, and to transfer their know-how to Venezuelan NGOs and authorities. With this action, UNICEF would make use of its experience in “psycho-social rehabilitation of

traumatized children and camp management” identified amongst the key comparative advantages that the organisation had to offer in the context of the Venezuelan emergency.

The psychosocial rehabilitation project was started with affected people lodged in the barracks of Fuerte Tiuna, a military fort located in South-West Caracas. The intervention followed a design applied in Colombia, which had originally been conceived for the attention of children affected by the armed conflict in Mozambique. In Venezuela, volunteer personnel from Scouts of Venezuela, the Venezuelan Red Cross and UNICEF, in collaboration with the Venezuelan Army, carried out the implementation of the project. Although initially the focus of this intervention was on psychoaffective recovery, later two other components were added concerning the promotion of children’s rights and community mobilisation.

I carried out observations of the implementation of UNICEF’s project in Fuerte Tiuna at least twice a week. I interviewed those in charge of adapting the project to Venezuela, of implementing it and members of the beneficiary population. During the last weeks of the project, I participated in UNICEF’s evaluation team, and was requested by the organisation to write a booklet on the issue of the reconstruction process, which was later distributed amongst adults sheltered in the Fort.

Observations and interviews were done with people living in different battalions, and regarding different type of activities (from guided play, preparing a radio programme, to the production of a newspaper). As part of the observation, I participated in meetings with volunteers, co-ordinators, and UNICEF staff, and had access to their materials. During the whole process my observations, interviews, notes and photographs were shared with the technical co-ordinator of the project.

Pan-American Health Organisation

The PAHO is the Regional Branch of the World Health Organisation and has an office in Venezuela. Together with the MSDS, two psychosocial programmes were developed after the emergency: the “National Training Plan on Psychosocial Attention and Recovery for people affected by the floods in Venezuela”, and the plan for “Psychosocial Attention and Recovery for Rescuers, Volunteers, Firemen and Personnel of Civil Defence and Health”. I gathered data about this second project, which was aimed at giving attention to at least 90% of the rescue personnel through workshops

with the purpose of achieving a systematisation and resignification of their experiences and specialised clinical services to rescuers and their families depending on demand. Additionally, a free confidential phone line, 800-PSICO, was put in place to provide guidance and help to people affected by the disaster. The project was developed in collaboration with the MSDS, Civil Defence and UCV. As part of the research on this project, I participated in the initial meetings to train the trainers, facilitated and co-facilitated workshops with rescuers. Although I was not allowed to record the workshop sessions, I could write down my observations, had access to the final report on the project and to the different versions of the guidelines and instruments that were used. I interviewed the programme director, PAHO officials and facilitators.

Avepso

Institutional contacts resulting from the implementation of the Family Reunification Project led to the generation of a psychosocial support project to be implemented by AVEPSO and funded by the Direction of Education of the State of Vargas, a dependency of the regional government. The project, “Psychosocial interventions in emergencies: the school as a space for reconstruction”, was coordinated by three members of the Institute of Psychology of the UCV, and aimed to support the psychosocial recovery of teachers, children and administrative personnel of 10 schools in Vargas. I travelled twice a week to Vargas with teachers and students of Psychology to support, observe and follow up activities carried out; interviewed psychologists, students and members of the schools involved, and participated in the evaluation team. As part of the evaluation, four focus groups were carried out with psychologists, personnel of the Direction of Education of Vargas, psychology students, and the co-ordination team. Additionally, I had access to the meetings of the coordination team and to their computer files.

Fondo Unico Social (FUS)

The FUS was the main governmental body in charge of attention to the affected population. During the first days of March 2000 I was invited to join a former classmate working with FUS in the organisation of the “Cooperation Network for Psychosocial Intervention” in Vargas. I participated in several workshops and meetings of the Network—whose members were part of national and international, governmental and non-governmental organisations doing psychosocial work in Vargas—and took part in the coordination of some actions. Following institutional conflicts between FUS-

Caracas and FUS-Vargas, this Network disintegrated, although some psychologists taking part in it later created an NGO (Gelsis) to promote psychosocial recovery. I participated and observed the work of Gelsis, the work of which came to an end two months after its creation due to the refusal of the national FUS headquarters to transfer the funds it had approved. After this, former employees of FUS-Caracas formed another NGO (Huellas) to carry out psychosocial work in Vargas. I was given access to their intervention, observed the implementation of a psychosocial workshop with children in Vargas, interviewed some of its members, and had access to a variety of its internal documents and computer files.

CONSTRAINTS AND POSSIBILITIES

A variety of constraints and possibilities shaped –and conditioned— the type of data I could access, the appropriate methods for data generation and gathering, my relationship with the people involved in the projects and my position in the interventions that I covered during the fieldwork.

In all cases, ethical considerations prevented me from approaching the beneficiary population solely for data-gathering purposes. In that respect, I was caught in the tensions associated either with transforming those affected by the disaster into objects of study (and therefore, gathering data about them) and the irrelevance of asking them to become participants in my research (and gathering data with them), when benefits for their impending needs could not be stated or presented in exchange. In particular, I wanted to avoid a rhetoric that makes those who are part of the object of inquiry –the beneficiaries of the interventions— believe that they are the subjects when such condition could not be practically asserted (Jimenez-Rodriguez, 1996).

In the case of UNICEF's project, the fact that it was being developed in a military fort, made it necessary to get authorisation to access the compound. Sometimes, such authorisation was not accepted at one of the gates, which forced me to cover several miles until the next entrance, to try to access there. My access depended on the whim of the soldiers at the gates. During the development of the fieldwork –and following UNICEF's advice on the matter— I refrained from taking pictures of the wider area of the Fort as to prevent having the film confiscated for security reasons, and concentrated on “local” images of the children and their activities. The same security reason made it

impossible to obtain a detailed map of the fort, indicating where each of the battalions was located.

Although my fieldwork in Fuerte Tiuna concentrated on following UNICEF's work with children in two battalions –the Battalion of Communications “Diego Ibarra” and the Battalion of Intelligence “Andres Ibarra”, both located within one mile of each other on the Northern part of the Fort— I also visited other battalions, several miles from each other. Data gathering was carried out in the context of UNICEF's activities, not as a separate action that I could undertake on my own. For this reason, the data gathering process lasted as long as the intervention, and covered the areas and populations that were comprised by UNICEF's actions.

In general, data gathering was carried out –and limited— within the spaces and possibilities of exchange provided by the projects themselves. Although limiting myself to the spaces generated within interventions certainly restricted the data I could access, it also guaranteed an institutional framework within which my presence in communities, schools and shelters could be explained, although conditioning, by the same token, the possibility of dialogue with all the those involved.

CHAPTER 5

UNICEF'S PSYCHOSOCIAL INTERVENTION IN VENEZUELA

INSTITUTIONAL BACKGROUND

UNICEF was founded in 1946 by the UN General Assembly “to meet the emergency needs of children in the aftermath of World War II in Europe” (UNICEF, 2000, p. 2). Initially devised as the UN International Children's Emergency Fund, its role was broadened in 1950 to encompass the long-term needs of children living in poverty in developing countries. Its Mission Statement proclaims that UNICEF's aim is to ensure “special protection for the most disadvantaged children –victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities” (UNICEF, 2001d).

In the context of emergencies, UNICEF seeks to protect children's rights, making available to partners its facilities for rapid response so as to relieve the suffering of children and those who provide their care (UNICEF, 2001d). This mandate supports UNICEF's humanitarian action in general and –within it— the design and implementation of psychosocial interventions. UNICEF's intervention in psychosocial issues follows the policies established by the organisation since the 1980s for dealing with emergencies world-wide, according to which there is a psychological aftermath to disasters which warrants specific attention. These policies, aimed at what UNICEF describes as “children's needs for psychological recovery and social reintegration following exposure to war-related trauma” (UNICEF, 1998b), are part of a larger trend of international aid response during war and disasters.

The development of psychosocial interventions as a programmatic area integral to UNICEF's standard response to disasters has been shaped by a variety of factors. Worth mentioning are: the complex and heterogeneous character of the organization; the different perspectives or frameworks guiding psychosocial interventions; the political and social situation in the countries where such interventions have been developed; and the local ‘psychological’ culture in which interventions are embedded. These factors

have combined to originate different project designs and forms of implementation of psychosocial interventions.

When an emergency takes place, an elaborate institutional network is activated, comprising UNICEF's headquarters in New York and Geneva, the Office of Emergency Programmes, regional offices covering the area of the disaster, and the local office in the country concerned. There is not a unique body in charge of the design and implementation of emergency programmes, this task being distributed amongst several of them. All these bodies (headquarters, specialised offices, regional and local offices) participate in different ways in the response to emergencies, and have developed different designs and implementation strategies. Despite the autonomy of the country offices, they maintain a relative dependency upon the regional offices, which hold advisory capacity, and to which the former can turn when lacking particular expertise deemed necessary for the attention of an emergency.

The Office of Emergency Programmes (EMOPS) concentrates the coordination of emergency interventions and constitutes the institutional focal point for emergency assistance. EMOPS's conceptual framework for UNICEF's intervention during emergencies was laid out in a board paper (E/ICEF/1996/16), according to which the preservation of children's rights and well-being were best assured within "a stable and nurturing family environment". The negative impact of emergencies –manmade or natural— would derive from their disorganising repercussions on the social, political and economic structures that constitute the environment in which families care for their children. Under such conditions, family disruption would make children more vulnerable to abuse and exploitation. Subsequently, the document proposes that the mitigation of child vulnerability could be better achieved by strengthening the protective role of families and communities, and that UNICEF's emergency programme actions –a mixture of advocacy, capacity building and support to service provision— should focus on the family, the communities and the national social and economic environment (UNICEF, 2000).

Although this focus on the family and the social environment was put forward by EMOPS as the main ground for UNICEF's emergency intervention, the very heterogeneous character of the organization has supported the burgeoning of a multiplicity of approaches to psychosocial interventions that at times diverge from this perspective. These different approaches –held by different offices within the

organisation— have ranged from the adoption of PTSD-oriented frameworks to a commitment to the generation of culturally-appropriate interventions.

Intervention perspectives within UNICEF

As was mentioned before, UNICEF's psychosocial interventions date back to the decade of the 1980s, when relief interventions were redefined to encompass the attention of what was identified as the emotional or psychological effects of disasters on people and communities. Following the introduction of psychosocial interventions, the impact caused by disasters and wars was accounted for in terms of “psychological suffering” (UNICEF, 1998b, p. 4), amenable to the expert intervention of Psychology and related disciplines and made possible by the increasing cultural relevance of the psychological disciplines in the Western world. In an institutional and financial context within which UNICEF cannot provide the massive material assistance available to other UN agencies such as the UNHCR, the reduced cost of most psychosocial interventions constitutes a comparative advantage to what it can offer in emergencies.

Although the Machel Report underlined the importance of children's social and cultural context and fundamentally advised for a community-based approach to the issue of the impact of extremely adverse events on their well-being, and against a specific focus on emotional wounds or the issue of trauma (Machel, 1996) this best practice recommendation has not been universally adopted.

From the conceptual point of view, UNICEF's psychosocial interventions seem to have been developed in the tension between clinical and community-based approaches. In each case, several fundamental issues regarding the different frameworks, degrees of specialisation, commitment with follow up and underlying assumptions, have been revealed in different evaluations and debates.

Richardson (1998) suggests that psychosocial interventions can be better understood as located in a continuum from the more clinical to the more community-oriented approaches. In the first case, interventions would focus on trauma and PTSD, while in the second they would emphasise on restoring the child's normal social environment to ensure the normal flow of development and their psychosocial well being (UNICEF, nd).

The establishment of the NTC in Kigaly, as part of the Trauma Recovery Programme, has been mentioned as an expression of the clinical tendency within the organisation.

The NTC was the largest of a series of projects to provide psychosocial services to children in Rwanda deemed to be traumatised by the genocide and the war, and was subsequently criticised for implementing “a too narrow trauma approach which did not allow to reach directly the community level” (UNICEF, 1998b, p. 20). At the time of evaluation, in 1998, the NTC had given clinical attention to between 400 and 500 children, which constituted “less than 1 per cent of the target population” (Chauvin, 1998, p. 2). This project followed a “trauma epidemiology perspective”, in the context of which attention was focused on individual cases, while minor efforts were devoted to community-oriented mental health programmes.

This location of psychosocial interventions in a continuum is interesting and problematic, as it implies that clinical and community-based interventions hold a similarity of substance between them, being the main difference being a question of degree or emphasis regarding subjects approached. Interventions would be following an additive model, whereby community-oriented and clinically-oriented approaches would be placed on opposite sides, existing one at the expense of the other.

In a review of UNICEF's psychosocial project in the former Yugoslavia, Fuderich presented the debate as one “between a response based on broader support to the stabilising and healing influences of community life and routine, as promoted in the Machel study, and a focus on psychological treatment, the tendency of clinically focused psychologists” (1998, p. 9). Meanwhile, Richardson emphasised the role of mental health professionals in shaping the debate about psychosocial interventions in the former Yugoslavia “by emphasising the importance of doing the very thing the Machel study seems to recommend against, which is to focus directly on a child's emotional wounds” (1998, p. 16).

In the light of these diverse tendencies, UNICEF has promoted a debate about what constitutes best practice in psychosocial interventions. In a 1998 UNICEF Programme Workshop, participants agreed that psychosocial programmes “are required in a whole range of situations such as natural disasters, armed conflicts and situations of organized violence, and most situations where child rights are grossly violated” (UNICEF, 1998b, p. 12). After recognising the existence of differences in conceptual frameworks, methodologies and implementation strategies, participants agreed on the need to develop common guidelines for work in the field and to support the generation of indicators and evaluations in the area. Participants advised that programmes should

adopt a family and community-oriented approach, being their overall objective “to re-establish a state of well-being that is necessary for the healthy development of children” (UNICEF, 1998b, p. 9). It was noted that some UNICEF programmes poorly reflected these principles and the organisation was prompted to review them in the light of the best-practice principles proposed. This perspective had been put forward at a 1995 seminar at Harvard University, where recommendations were drawn concerning the need for research on community-based approaches to psychosocial recovery, developing instruments for rapid assessment and evaluation of interventions and defining a code of conduct for organisations and personnel involved (UNICEF, 1998b). In 1997, in an interregional training workshop of EMOPS and ESARO (Eastern and Southern Africa Regional Office), efforts had been advanced towards the elaboration of a common framework based upon the CRC.

Despite their varieties, psychosocial interventions have been consolidated as part of UNICEF's standard response to disasters. Interventions after earthquakes in Turkey, India and El Salvador (UNICEF, 2001b), and the floods in Venezuela (UNICEF, 2001c) in which trauma counselling was presented as one of UNICEF's relief priorities (UNICEF, 2001a) confirm the significance of this trend.

UNICEF'S PSYCHOSOCIAL INTERVENTION IN VENEZUELA: “THE RETURN OF JOY”

On December 17, two days after the disaster (when data about the nature of the impact was still very incomplete) UNICEF's Regional Office for Latin America and the Caribbean—with headquarters in Bogotá—issued Situation Report (SR) No. 1 about the disaster. According to this report, heavy rains had left thousands of people homeless and hundreds dead. Although no reference was made in the description of the disaster to the psychological or psychosocial condition of affected children, the start of a psychosocial intervention “to undertake psico-social (sic) rehabilitation of children who [had] been traumatized by the events” was announced amongst the first steps UNICEF would take as part of its relief response. The Programme of Psychosocial Recovery of Infancy also known as “The Return of Joy” would initially be carried out with the support of Scouts volunteers from Colombia. It was announced that UNICEF Colombia had put aside 140 “kits for psychosocial rehabilitation” (knapsacks with wooden toys, dolls and story books specially designed for the intervention) that would travel with the Area Office Representative “on the first available flight to Caracas”. Such material would allow “for

simultaneous psycho-social rehabilitation sessions coverage for 5,000 children” (UNICEF, 1999b), although another document stated that “UNICEF will reach out to 6,000 children in need” [T40-PRESS].

Most public documents supporting UNICEF's emergency intervention in Venezuela – such as project outlines, news releases and SR— afforded prominence to psychosocial issues. In a document issued in the first days after the disaster, “psychosocial trauma counselling” was included amongst UNICEF six priority areas [T40-PRESS]. In a news release of December 21, 2000, “psycho-social rehabilitation for thousands of children traumatized by the events” [T33-PRESS] was included amongst the main areas for intervention.

Initially, the central areas for intervention (including “psychosocial rehabilitation”⁷) were supported by the allocation of a joint fund of US\$ 185,000 established by the UN agencies [T35-PRESS], although later an emergency appeal collected US\$ 2.78 million, which was 103% of the original appeal (UNICEF, 2000, p. 17) and came from international donors, UNICEF offices in other countries, and UN ordinary resources.

At the time of the SR mentioned above, estimates about the dimension and impact of the disaster were very imprecise. The basis for calculating the amount of affected children (between five and six thousand according to resources allocated) was not mentioned in the reports, could not be supported with data provided by governmental sources and was made without approaching the affected population, as when the initial reports were published the evacuation of the population was in progress, and shelters had been only established a few days before.

Within days of this first UNICEF SR, experts and adolescent Scouts from Colombia were transported to Venezuela, together with the supporting materials to start the implementation of “The Return of Joy”. The Ecuadorian psychologist Nidya Quiróz, Programme Officer for Peace and Rights from UNICEF Colombia and developer of the project, travelled to Caracas to transfer the methodology to Venezuelan personnel, NGOs and interested institutions. She had worked with children displaced by the conflict in Colombia and with those affected by the 1999 earthquake in the coffee-growing area of Armenia and was the author of a handbook and a guide for volunteers on psychoaffective rehabilitation.

⁷ The other areas mentioned were communication, medicines, damage assessment and water treatment [T31-PRESS].

According to UNICEF, this intervention drew upon experiences of implementation in previous emergencies, such as the one developed during 1999 in Colombia, which was an adaptation of the one originally developed by UNICEF for children affected by armed conflict in Mozambique. This project was transferred to Venezuela, together with its name, supporting materials, experts and inter-institutional networks, such as the partnership between UNICEF and Scouts. As the UNICEF coordinator for the emergency explained:

Colombian Scouts came from an experience with UNICEF in the application of this component in the coffee-growing area, after last year's earthquake. And then, when they requested (...) when they saw the tragedy, Scouts from Colombia decided to make contact with us. We, on our own, were already interested in bringing the component [T43-INT-DES].

Although UNICEF's response to the Venezuelan disaster included issues such as family reunification and recovery of children's identity documents, it was primarily focused on the issue of psychosocial recovery. The initial form that the intervention assumed in Venezuela was associated with UNICEF's character as an international organisation, in the context of which regional and national offices can be considered as the site for the intersection of institutional networks that express –and advance– its global advocacy. In this 'intersection', the Venezuelan disaster is located in the multiple occurrences to which the organisation gives attention, and its response, is a specific case in the generality of cases attended.

The force of international experience

The role of previous implementations as backing up UNICEF's intervention in Venezuela is emphasised by press releases about the programme, in which it is described as “successfully used” before [T59-FD], “already proved” [T59-FD] or “successfully applied” [T8-PRESS] in other countries. UNICEF's intervention is presented as the implementation of a pre-designed programme, supported by established knowledge, methodology, resources and associated forms of expertise. The fact that the psychosocial impact was considered a relevant issue in other disasters is presented as an argument in support of the relevance of the same issue in the Venezuelan case:

This is an initiative of adaptation of a programme that has already worked, that was applied in Colombia with children victims of the armed conflict and the earthquake in the coffee-growing area; and in Mozambique, and in Central America, for children victims of Hurricane Mitch, and that has resulted, well, in one way or another [T47-INT-IMP].

The transferability of UNICEF's experience to the Venezuelan situation is presented amongst the most important assets that the organisation could provide as part of its relief efforts. Furthermore, the multiplicity of sites where the intervention had been implemented seems to grant it prestige and authority:

We decided, from our international experience, to give training in this component, and to carry out the intervention of this component in the refuges. This is an experience that comes initially from Mozambique, in Africa, it was applied in Hurricane Mitch, in Central-America, it was applied later in the coffee-growing area, in the earthquake last year in Colombia, and has also been applied to children displaced by war in Colombia. It is a methodology designed by an Ecuadorian psychologist, Nidya Quiróz [T43-INT-DES].

Also, the multiplicity of situations to which the project is associated seems to refer to its generalizability and –thereby—its applicability in the Venezuelan case:

It is a project that UNICEF has tried in our countries and that has resulted in other situations, situations of disaster, of guerrilla warfare, situations of drug, narco-traffic, situations of earthquake, etc. Due to what happened here in December, well, UNICEF wanted to implement here that project...[T46-INT-IMP].

The international experience as an asset that UNICEF brought to its relief response was also outlined by the official in charge of UNICEF Venezuela, Deborah Comini, when at a press conference to announce the conclusion of the intervention she “spoke about the development of the experience, which [had] been successful in Mozambique, Nicaragua, Honduras and Colombia” [T59-FD].

The process by which available experience is used by UNICEF in the Venezuelan context is clearly depicted in a video produced by UNICEF in April 2000 to give publicity to its psychosocial recovery programme. In a scene that has as its backdrop images of Caracas in the midst of the crisis; helicopters landing and leaving in the process of rescuing people; meetings between the military and personnel from UNICEF, the Red Cross and students; and Scouts from Colombia playing with children in Fuerte Tiuna; the voice-over of the commentator describes the emergence of the project:

The solidarity did not wait and everyone turned to give a friendly hand. Long hours of work to save sadly hit people. UNICEF offers its immediate support and a few days after the events a team from Colombia moves to Venezuela to give its contribution to the actions to be taken. Scouts from Colombia and experts in psychoaffective recovery bring with them materials and methodology to be immediately applied to traumatized children. This support group transfers the methodology to Venezuelan Scouts, volunteers of the Venezuelan Red Cross and a

group of Psychology students who immediately came forward to confront a situation never lived before in the country. After a recognition journey, a shelter was identified for the application of "The Return of Joy", project of psychosocial recovery used by UNICEF in cases of armed conflicts and natural disasters. A census was carried out to determine the number of inhabitants of the refuge and a consultation with parents was done as to authorize the application of the project. In this way, the military base of Fuerte Tiuna is transformed into the scenery for "The Return of Joy" [T34-PRESS].

The role of UNICEF's national office seems to be to turn 'local' the established solutions already available within the international system of programmes and offices of the organisation. In other words, it seems to function as the place where the global becomes local, such locality defined by the interpretation of local needs and possibilities from the availability of knowledge, resources and expertise of the organisation at the global level. As the military officer responsible for the intervention explained when asked about the emergence of the project "they [UNICEF] had experiences in other countries, they have knowledge from other disaster situations in Colombia, in other parts of the world..." [T53-INT-IMP].

The complexity of the organisation's structure seems to be reflected in conflicting ways of positioning UNICEF, both as a local and as an international organisation. The place of UNICEF as a 'movable' framework is revealed –for example— in the references to UNICEF's experience regarding post-disaster intervention, which is at times placed at the international level and at other times, at the local one. In each case, the experience and background brought to bear is different. For example, when asked about UNICEF's experience in similar interventions, the Venezuelan coordinator of the emergency refers to the background of the project in the following terms:

From the point of view of the psychological attention, it is only this one [experience] ...in this case [T43-INT-DES].

The institutional framework to which the speaker makes reference shifts from the international to the national, to highlight the novelty of psychosocial interventions for the Venezuelan office.

IMPLEMENTATION IN FUERTE TIUNA

Fuerte Tiuna is a military compound located in the southwest of Caracas that served as shelter for the population displaced due to the disaster. It is the biggest military complex

located in the capital and comprises numerous buildings, including the headquarters of the Ministry of Defence and of the General Command of the Army, several military academies, housing complexes for officials and numerous barracks for the troops. After the disaster, many of the barracks were temporarily vacated by the soldiers, and its space was divided into cubicles, each allocated as dormitories for displaced families. Each battalion was provided with temporary sanitary and medical services and timetables were established for meals provided by the military.

The implementation in Fuerte Tiuna (started on January 4, 2000) can be understood as developed during two phases. The initial one involved the request for funding, the mobilisation of regional experts in psychosocial intervention, the training of 400 people that would constitute a volunteer network, the establishment of institutional agreements to carry out the programme and the adaptation of materials prepared in Colombia to the Venezuelan situation. The second phase involved the adaptation of the project through the aggregation of two components on community mobilisation and child rights.

The selection of Fuerte Tiuna as the site for the implementation of the project seems to have depended upon operational factors. Fuerte Tiuna was planned as a semi-permanent shelter where people would be hosted for a period of between one and two years. Additionally, it was of relatively easy access, within the limits of Caracas and it had the structure and organisation provided by the military. On the part of the Armed Forces, granting access to UNICEF seems to have been associated with its prestige and international experience it brought with it, as well as with the resources UNICEF could provide to the population, particularly by what it saw as custodial services towards the sheltered children.

The implementation started with a pilot trial of the project in the CEAMIL [Centre for Military Enlistment] after which the project was extended to the rest of the battalions. Although when UNICEF's project started, a vast array of other psychosocial interventions were taking place in Fuerte Tiuna, with the participation (amongst others) of the Catholic Church, different universities, professional organisations, public and private institutions and so on, it was the only one to continue after January.

Although the exact number of displaced people living in Fuerte Tiuna at a particular time was impossible to determine (due to the permanent mobilisation of families between refuges, towards permanent settlements around the city, as well as the arrival of displaced people from other areas of the country) an estimate of eight hundred and

eighty four families (1360 children and adolescents) were sheltered in eleven battalions and –according to the military liaison of the project—up to six thousand people. Most of them came from ‘barrios’ of Caracas –such as Blandín, Quebrada de Catuche, Cotiza and Quebrada Anauco— that had been affected by the floods and mudslides. Only 13% of the sheltered families came from the State of Vargas, the hardest hit by the disaster [T18-PRESS]. The predominance of people from the barrios of Caracas amongst those sheltered in Fuerte Tiuna was to be an important factor in the shaping of the intervention.

THE CASE OF THE VENEZUELAN INTERVENTION: THE SHAPING OF UNICEF'S PROGRAMME

The tension between the clinical and the community-based models presented above constitutes one of the backdrops against which the intervention in Venezuela was developed. However, other issues related to the conditions of implementation of the intervention appear of special relevance. These are: the role of the military setting; the participation of volunteers from the Red Cross and the Venezuelan Scouts, and the organisational culture they bring to bear in the intervention; and the background of Venezuelan professionals in charge of the development of the intervention, in particular, the role of Latin-American Psychology.

The role of the military

Fuerte Tiuna provided more than a mere physical site for the shelter of those affected; indeed, it yielded an institutional, cultural and political framework with programmatic consequences for UNICEF's intervention. The military affiliation of Chávez and the relevance of the military within his government turned the displaced population into immediately accessible ‘objects’ of governmental policies regarding the disaster. For instance, people sheltered in Fuerte Tiuna were renamed –following Chávez's initiative— as “dignificados” (the dignified ones) and this neologism was used in official documents, identity cards and in the daily talk of the military. Additionally, their daily lives were subject to the permanent, direct and systematic surveillance by the military, although this was a great distance from imposing some sort of military regime over the population. People's living arrangements, timetables for eating, their relationship with children and amongst themselves were dependent upon the military and the other institutions that were in charge of their attention, and issues such as order,

obedience and public behaviour were central to the way in which their relationships were organised. Initially, little negotiation was put into place, which led to confrontations and accusations of authoritarianism.

For UNICEF, implementing its project in Fuerte Tiuna imposed constraints and brought about possibilities. The simultaneous functioning of several levels of hierarchies across the Fort meant that UNICEF's work had to be constantly negotiated with personnel of different ranks, although the project had the approval and sponsorship of officials at the highest levels. Access to the Fort was restricted to established areas, and the timing of the intervention was dependent upon decisions taken by governmental bodies regarding the resettlement of the displaced population to new areas, which were made without UNICEF's participation. There was a permanent uncertainty as to the amount of families residing in the Fort at any given time and, therefore, as to the amount of children that would be approachable for the intervention. On the other hand, Fuerte Tiuna provided a safe and structured context, in a location accessible to the project's personnel and with open spaces considered adequate for the development of the project's activities.

The participation of volunteers from the Venezuelan Scouts and the Red Cross

The participation of volunteers from the Venezuelan Scouts and the Red Cross was another important factor to consider for the analysis of the intervention. The Scouts was the organisation chosen by UNICEF Colombia as the partner for the implementation of the original project after the earthquake in the coffee-growing region of Armenia. The partnership with the Scouts was transferred to Venezuela, initially –and literally— by the participation of Scouts from Colombia, and during the second phase of the intervention this partnership with UNICEF was taken over by Venezuelan Scouts.

In Venezuela, the Scouts is an organisation linked with the middle and higher classes, and associated with conservative sectors of the Catholic Church. The quasi-military structure of the Scouts –with a focus on verticality, work in patrols, use of uniforms and so on— are central elements to their identity, compatible with the military setting of Fuerte Tiuna.

Volunteers from the Red Cross differed significantly from those of the Scouts, as the former is an organisation composed of people from poorer backgrounds that lack the

prestige and back up available to Scouts, and whose organisational culture is that of a humanitarian agency.

These socio-economic differences placed volunteers from both organisations in different positions regarding the displaced population with whom they were working in Fuerte Tiuna. While there was a marked distance between the Scouts and the affected population, volunteers of the Red Cross were in relative social proximity to the people sheltered, this difference constituting an element to consider when analysing the diversity of discourses and practices to be found within the intervention.

The effect of Venezuelan psychological professionals on the intervention

Foreign experts were in charge of setting up the intervention and training of Venezuelan professionals during the first phase. However, the actual implementation was left in charge of Venezuelan psychologists and sociologists, who recruited other Venezuelan professionals (such as journalists, sociologists and social psychologists) to participate as advisors and collaborators in the intervention. The profile of these local professionals and their effect in shaping the intervention must be taken into consideration for the analysis.

In the case of psychologists, of particular relevance was the influence of the Latin-American Social Psychology popularised by authors such as Martin-Baró, and which had emerged –since the decade of the 70s– from the confluence of ideas developed by Freire (1969) regarding popular education, the political inspiration provided by the Liberation Theology –mainly through the writings of Leonardo Boff and Dom Helder Camara– and the methodological contributions of Fals Borda regarding participatory action research (1959). This Latin-American Social Psychology endeavours to disentangle “the social interests of people that are hidden under the practices of groups and peoples in these conflictive [Latin-American] societies, and revealing the ideology as manifested in everyday action” (Martin-Baró, 1990a, p. ix). Although at the time of UNICEF's intervention the emancipatory ideas of this Latin-American Social Psychology had lost its political resonance amongst professionals, its methodological concern with participation and its critical stance towards the disciplinary effects of Psychology were still prevailing and informing their praxis.

MAIN FEATURES OF UNICEF'S PROJECT

UNICEF's psychosocial intervention –planned to be developed during three months— was meant to support, within a family and community environment, the process of overcoming the emotional and behavioural problems that –according to UNICEF— had been caused by the disaster and to prepare children “for the new challenges associated with the reconstruction of their lives” [T7-DOC].

Although the intervention (initially identified as “psychoaffective”) was designed to focus upon the emotional recovery of children, after the pilot phase, the structural problems that marked the situation of social exclusion of the sheltered population was identified as a relevant factor for the psychosocial recovery of children and as an issue that merited specific attention. Subsequently, the original intervention was transformed into a “psychosocial” project comprising three overlapping phases: emotional strengthening, promotion of the Rights of the Child, and community and family integration [T7-DOC]. Although in different documents UNICEF's intervention is designated in different ways, as psychosocial trauma counselling [T40-PRESS] psychoaffective recovery [T5-DOC] psychosocial rehabilitation or recovery [T39-PRESS], the main two terms employed to identify the project are psychosocial or psychoaffective.

Stated aims and beneficiaries

UNICEF's documents describe the general aim of the project as the provision of “a space of primary attention in mental health for children and their families affected by natural disasters, through the application of help tools to facilitate their emotional and social recovery” [T44-INT-IMP]. Specific goals of the intervention included the assessment of the children hosted in Fuerte Tiuna; the emotional strengthening of children affected by the emergency; the promotion of the Rights of the Child; the sponsorship of cultural and sporting activities so as to facilitate family and community integration; the fostering of adolescents's participation in support of children, as a way to achieve the expression of repressed feelings, support the process of mourning and strengthening their self-esteem; the adaptation of the methodology to the Venezuelan circumstances; the referral of children requiring specialised mental health attention; and the involvement of parents in the psychosocial recovery of their children [T7-DOC].

Central aspects of the methodology were the assurance to children and family that their emotional reactions after the disaster were normal; the implementation of a service that

'goes' to the child; the facilitation of activities structured around play; the promotion of the child-to-child methodology; the promotion of child rights, family and community integration and the detection and referral of children in need of specialised attention [T7-DOC].

The final beneficiaries of the programme in its three phases were three hundred and eighty two children of between six and twelve years old –and indirectly, their families—representing about seventy percent of the 545 children hosted in Fuerte Tiuna.

Activities

The project's activities were centred around play, which was considered "a tool with well-structured objectives for psychoaffective recovery [which] significantly increases the quality of the relationship and communication with children" (Quiróz, 1999, p. 30). Activities were usually developed in half-day sessions carried out two or three times a week in the open spaces provided by Fuerte Tiuna, such as sports grounds, gardens, streets and parks. They were developed under the guidance of a senior volunteer ("promoter") and with the help of a group of volunteers (from the Scouts, the Venezuelan Red Cross or the affected population), in a ratio of one volunteer to five children. They were supported by the use of the "Knapsack of Dreams", containing puppets, toys and storybooks. Two operational coordinators separately monitored groups of 5 battalions, while two technical coordinators directed and documented the process. There were four project coordinators, 1 promoter for each battalion, and 75 "animators" that supported the professional and military personnel of Fuerte Tiuna.

According to UNICEF's reports, during the first weeks of implementation the activities were mainly of expressive character, and implementers focused upon obtaining baseline records of the psychoaffective condition of children, mainly through games, drawings and the construction of stories. During the final phase of the project, additional personnel supported a communication strategy aimed at involving the adolescent and adult population sheltered in the Fort. One hundred and sixty children of between 6 and 17 years-old took part in workshops for the production of posters, short radio programmes, children's stories and two newspapers. This communication strategy included the production of written and audio materials for the adult population, such as cassette-forums to promote debates on the issue of psychosocial rehabilitation and four brochures entitled *Building Back Our Lives*, *Every Child Has Rights*, *Starting Over as a Family*, and *The Community Organization as an Answer*.

After three months of implementation a phase of “transference of the methodology” was started in order to promote the adoption of the methodology and the continuation of the implementation of the project by personnel in Fuerte Tiuna.

On April 28, 2000, the closure of the programme was announced in a press conference, given by the institutions involved in the intervention. That same day, in the afternoon, a “Special Farewell Activity of Volunteers” was held with the presence of children from all the battalions. This was the opportunity to announce to the beneficiary population the fact that the intervention had come to an end.

CHAPTER 6

THE DISASTER: ITS CONSTRUCTION IN UNICEF'S PRACTICES AND DISCOURSES

Discourses and practices that constitute UNICEF's intervention in Venezuela promote different representations of the disaster, through which it is assembled not as a homogenous entity, but as different sorts of things. This heterogeneity seems to relate to a series of factors, including the varied voices that participate in the process of signification, the diverse institutional and political interests involved, and the different impacts attributed to the disaster upon the affected populations.

The construction of the disaster can be considered as establishing a platform upon which the intervention is staged and the rest of the dimensions are positioned. It is, however, a movable stage, that brings forth and displaces different points of reference so as to accommodate the various issues that appear relevant at different times. This process is central for the generation of models of the psychosocial put forward by the intervention, to the extent that these models are presented as responding to the nature of the disaster.

The models of the psychosocial that emerge in the context of the intervention must be considered as more than a set of fixed and pre-conceived notions displayed by UNICEF about the disaster and its impact. They are situated knowledge, that is, knowledge elaborated by reference to the circumstances relevant to the Venezuelan disaster and that emerge in a relational process that involves different subjects at different times providing different premises for action that do not always respond to the goals of the project. Discourses about the nature of the disaster construct it within six thematic references: as a tragedy of catastrophic dimensions; as a multi-dimensional rupture; as an expression of structural conditions in Venezuela; in predominantly technical terms; as an opportunity that improves the life of those affected and, finally, as a reaction of nature.

A TRAGEDY OF CATASTROPHIC DIMENSIONS

The dominant way of portraying the disaster –shared amongst the different participants in the project— is as an event of catastrophic dimensions that translates as a lived experience for its victims. The term ‘tragedy’ is the one most frequently employed to refer to the events, and this noun is generally complemented by references to its extraordinary character.

Regarding causes, the disaster is characterised as a phenomenon that came over people by chance, as an unforeseen circumstance that affected them in a random way. The disaster is presented as an event external to people’s agency and responsibility, described as being amongst “those things that happen” [T42-INT-DES], as “a moment amongst other moments” [T50-INT-IMP] in people’s lives, as an incident of “misfortune” [T33-PRESS] and as an unfortunate event suffered due to bad luck or fate. In the same way, a Scout volunteer considers that that “the tragedy was a part, the tragedy was something that happened” [T46-INT-IMP].

The calamitous character of the tragedy as a situation that imposes itself upon persons and communities is emphasised by its presentation as a setting through which people transited, although foreign to their designs and actions. The discourse makes reference to people “that went through all this disaster” [T46-INT-IMP] or “tragic situation” [T47-INT-IMP], while the use of toys in the intervention is described as allowing children “to play out the painful events through which they have passed” [T5-DOC]. The disaster as a circumstance that fell upon people is also found, for example, in the words of the coordinator of the emergency intervention, who explained that children participating in the project “were playing out the tragedy, that is, they were playing out what had happened to them” [T43-INT-DES].

The sense of inertness in front of the events –which seems to follow the etymology of the word disaster and its implication of losing the good star (dis+aster)— is reinforced in the discourses by the use of the passive voice when referring to people’s positions and circumstances. For example, by talking about “the difficulties that were created in schools by the tragedy” [T43-INT-DES], the receptive position of affected people is emphasised and the directionality of the impact is established as being outside → inside. The tragedy is presented as bound by its impact upon those affected, while binding them to the situations it generates. This is achieved by referring to those affected as having been qualified by the tragedy. In this sense, the coordinator of the emergency

intervention refers to “the tragedy of children” [T43-INT-DES], as if affected children had become the substance of the tragedy, while simultaneously being infused by it. By predicating the condition of childhood on the event of the tragedy, this is turned into the distinguishing mark by which those particular children have come to be characterized.

This way of constructing the disaster, afforded priority to people’s personal experience and its association with painful emotions. The notion of the disaster as a personal experience renders it comprehensible from its “lived” condition [T48-INT-IMP], as something that people experienced or went through [T47-INT-IMP, P54], as a “lived event” [T46-INT-IMP], as a “very terrible” [T46-INT-IMP], “difficult” [T2-DOC], “tragic” [T9-PRESS] or “terrifying” [T32-PRESS] experience.

This subjective dimension of the disaster and its consequent variability of meanings, implications and character is framed within a discourse on emotions, particularly on pain, from which the event is presented as understandable only if such dimension is taken into consideration. This is explicitly stated in a booklet published by UNICEF Venezuela and distributed to affected people:

Although it was a collective catastrophe, each one lived it in a particular way, depending on the losses suffered, the life circumstances, the people and resources the person could count on for support, of the physical and emotional conditions, of the help received during the emergency, and also on the experience the person had gained from confronting similar situations in the past [T2-DOC].

The idea of a ‘personal tragedy’ –that is, of the disaster as an ‘external’ event that becomes an ‘internal’ painful experience– is sometimes incorporated in the descriptions of the psychological impact of the disaster. The internality of the disaster is emphasised in a promotional video produced by UNICEF, where the narrator’s voice describes scenes of destruction as follows:

A dense cloud of affliction hangs over the national territory. Twelve days of ceaseless rain that dragged with it houses, human lives and hopes in great part of the Venezuelan coast. A tragedy, the images of which will never again abandon the memory of survivors. Stamps of horror, pictured in the soul forever [T34-PRESS].

The construction of the event as a natural disaster serves to deflect responsibility from those affected towards the environment, while denying the existence of perpetrators or of any sort of intentionality. Naming the disaster as a “natural tragedy” [T14-PRESS,

T18-PRESS] synthesizes the associations with chance, pain and lack of human causality.

The magnitude of the events of December 15 placed them as a ‘novelty’ that stood apart from other similar occurrences in Venezuela. This dimension of the event is elaborated as central to its character, placing it as “the country’s worst disaster” [T37-PRESS]. The disaster as an out-of-the-ordinary occurrence in Venezuela is frequently used to position it in the national and international context:

I think that the fundamental [issue] is the scale of disaster at this moment. And the Venezuelan [disaster], according to the international experts we have in the Red Cross, is one of the biggest magnitude in the whole of Latin America and we could say of the world...well, I wouldn’t dare to say of the world, but of Latin America [T42-INT-DES].

The extension of the affected area, the amount of affected people, the destruction of an urban centre, the uniqueness of the disaster and its relative proportions regarding other disasters are presented in multiple references so as to construct a sense of the event as extraordinary.

At the same time, the notion of tragedy is supported by references to the multiple losses it generated, comprising family members, communities, jobs, material goods, but also more intangible ones such as the control over people’s lives and circumstances [T42-INT-DES], social networks [T42-INT-DES], their hopes and initiative, in short, of their ‘everyday life’ [T42-INT-DES]. The tragic character of the disaster is described as deriving from the generalised destitution it provoked, as a source of destruction and as a force that left affected people mourning for the things that are not there anymore. The destitution caused by the disaster is presented –in this framework—as absolute, making other people remark: “they have nothing” [T53-INT-IMP], “[those affected] have been left without anything” [T42-INT-DES], including control over their lives and a sense of normality. In this last respect, the disaster is presented as breaking the boundaries between reality and fantasy, as an embodiment of the unimaginable: “What we never imagined could happen, happened” [T2-DOC].

In the specific case of children, the losses are positioned as referring to those qualities that identify childhood, such as “joy, playfulness and a craving for life” [T4-DOC].

A MULTIDIMENSIONAL RUPTURE

Another set of references construct the disaster as an extraordinary event that marks a point of rupture with the past and inaugurates a situation substantively different to the one that existed previously. This discourse refers to the disaster as a force rather than as an object. The loss of continuity and the rupture—which occupy an outstanding place within the representations of the disaster—comprise the temporal, spatial, ontological and epistemological spheres.

The disaster as a temporal rupture is presented as a reference both for the end of normality and for the start of the extraordinary, within which it appears as a hiatus between the normal past and the start of an abnormal present. This construction is achieved through abundant references to ‘before’ and ‘after’ the disaster and the frequent use of the prefix “post” to mark the conditions that follow the disaster in time or sequence. The discourses refer to a new reality “after the disaster”: to the trauma, actions, work, time, period, support and phases “post-disaster” [T42-INT-DES]; to the “post emergency school reinsertion process” [T28-PRESS]; to the “post-emergency health activities” [T29-PRESS]; “post-emergency phase” [T30-PRESS]; “post traumatic stage” [T37-PRESS]; “post disaster trauma” [T42-INT-DES]; “post-traumatic stress” [T47-INT-IMP, T52-INT-IMP]; “post-traumatic recovery” [T52-INT-IMP]; post traumatic disorder or syndrome [T1-DOC, T8-PRESS, T5-DOC], and “post-traumatic crisis” [T8-PRESS].

The disaster as rupture is associated with the brevity of the crisis and to its sudden occurrence. It is characterized as an “event” [T42-INT-DES, T8-PRESS], a “situation” [T53-INT-IMP] or “a moment in the life” [T42-INT-DES] of those affected and of the country. The temporal boundaries of the event are specified through expressions that limit it to a date, such as the “cloudy and dark day of December 1999” [T18-PRESS] or through the use of “December 15” as a metonym for the disaster, through which this is limited as an episode, an instant of space-time rather than a process with some endurance.

The notion of rupture underpins definitions of the disaster as an emergency, an event of unforeseen and abrupt occurrence that demands immediate action, and whose fundamental qualities are revealed during its initial moments. As was expressed by the UNICEF coordinator for the emergency in Venezuela, when asked about his understanding of the emergency:

I think, to start with, that the emergency is a reality that imposes itself upon us from an event that we were not expecting, and for which we weren't ready ...to which we had to be ready. I think that would be it...that would be grosso modo, the situation as how we see the emergency...and the emergency is for a very determined time [T43-INT-DES].

At the level of practices, the idea of emergency reverberates in the timing and nature of the actions taken. Immediately after the disaster, UNICEF initiated its psychoaffective intervention, with a set of actions sometimes described as “first psychological aid” [T42-INT-DES]. The transport of personnel and resources from Colombia on the first available flight in order to start the intervention in Venezuela and the immediate participation of psychologists and associated professionals in the shelters mirrors the medical assistance given on the spot in the case of accidents and before proper treatment is procured. Within this discourse of the disaster as an emergency, references extend to the living conditions in the shelters, whose abruptness and intended transitoriness is identified as configuring an “emergency living situation” [T36-PRESS].

The characterisation of the disaster as a rupture implies the assertion of a previous normality in regards to which the extraordinary nature of the emerging condition brought about by the disaster can be affirmed:

Venezuela was like an ideal country, where nothing ever happened, and all of a sudden, we find that we are collapsed on all sides [T42-INT-DES].

The disaster as a breaking point between past and present –and the consequent loss of continuity—are presented as a gap in the personal and collective existence of those affected. This gap is sometimes made visible in the new living conditions following the forced displacement of people from their places of origin, and the dissolution of communities provoked by the disaster. Images of displacement, fragmentation and dispersion are employed to emphasise this sense of the disaster as rupture. This idea of rupture is linked with references to the notion of crisis, as a turning point that promotes a sudden change, either negative or positive. The metaphor of revolution is employed to support this association:

I think the tragedy...if in some way it resembles the social [processes], it is that it produces a sort of revolution, it is like a revolution, it generates a drastic change in the lives of many people, forcing them to rethink their lives, in such a way that, between what it was, what their lives were before, and what they were in the tragedy, and what they're going to be, there are great distances [T43-INT-DES].

In the texts, the rupture is also referred to a spatial dimension, related to the disorganisation of people's lives in communities binding geography, history, memory and people together. The process of family separation and the dissolution of communities following the destruction of the affected areas are cited as the most outstanding markers of this condition.

In this context, references to "Vargas" or "El Litoral"⁸ are used to represent the site of this breakage, by establishing a relationship between the event and the ruptured state of the subject, whereby both terms are assimilated as transposable signifiers of a single condition. The phrase of one of the play facilitators to describe the state of an adolescent sheltered in Fuerte Tiuna exemplifies this way of assimilating the site of the disaster and the internal breakage of subjects: "He comes from el Litoral" [T59-INT-IMP].

This notion of rupture is associated with a psychological discourse that constructs both the situation of the disaster and its 'internal' experience as the trauma of the tragedy. In the first case, the event is identified as a "psychological stressor" or "extreme stressor" [T42-INT-DES]; a "traumatic event" [T8-PRESS, T5-DOC]; "traumatic process" [T42-INT-DES], "traumatic experience" [T48-INT-IMP], "the trauma of the floods" [T10-PRESS]. Meanwhile, the experience of the disaster is similarly labelled as traumatic, in such a way that expressions such as "the trauma of the tragedy" [T16-PRESS] identifies the event with its attributed emotional impact.

This characterization of the event by reference to a psychological state –trauma— identifies the disaster with the condition of those affected. This identification dissolves the relationship between subject and event and between externality and internality.

The disaster as marking the emergence of the extraordinary refers also to Psychology as a discipline. In this case, the advent of the extraordinary is (paradoxically) revealed by the appearance (amongst those affected) of a 'typical' or 'ordinary' set of symptoms or reactions. The tension between the ordinary and the extraordinary regarding the understanding of these symptoms is put forward by the Red Cross coordinator for the project:

In common Psychology, those [reactions] are seen as atypical or pathological; in the case of disaster, they are normal behaviours after an abnormal stressor [T42-INT-DES].

⁸ "El Litoral" is the familiar expression to refer to Vargas.

Despite the assertion of the rupture, this discourse on the disaster is also bound to elements that affirm the existence of continuity, in the light of which the possibilities of survival, recovery and reconstruction are articulated. This is supported by a differentiation between what has been lost and what remains intact or can be recovered:

During the emergency, many things fell apart, but others remained in their place [T2-DOC].

Disentangling what is lost and what remains is presented as fundamental for the process of reconstruction. The expression “life goes on” [T46-INT-IMP, T2-DOC] seems to reflect the imperative progression of life despite and beyond people’s choice. Amongst things that survived, this discourse emphasises social networks, solidarity, strength and other (mostly intangible and not exchangeable in terms of ‘commodity’) resources of communities.

Metaphors of space are used to support these representations of continuity. For example, as part of its evaluation of the project, UNICEF illustrated children’s vital states and the process of emotional recovery through “the line of life”. The line is used to express the idea of connection and the maintenance of identity that –as a continuous trace— remains intact as the subject transits through different life circumstances. Although the line –placed in a bi-dimensional plane— shows ‘ups’ and ‘downs’ in children’s states corresponding to different times and events of the intervention, it remains a single one, as a representation of the connectedness of life and the integrity of identity. While the disaster seems to evoke images of vital disarticulation, the project appears as a site of reintegration where emotional states and times (as represented by the axes) enclose subjects, processes and spaces in a single plane.

The oppositions normality-abnormality and continuity-discontinuity are questioned in another discourse that elaborates the extraordinary living conditions of most people affected by the disaster. Fluidity between categories that shape these oppositions is promoted by contradictory statements on the issue of normality in Venezuela, making this an unstable discourse that constructs the disaster as revealing structural conditions of the Venezuelan society.

AN INSTANCE OF THE STRUCTURAL CONDITIONS

This discourse presents the disaster as evidence of a long-term dynamic that implicates the whole of Venezuelan society. Other events are mentioned as ‘announcing’ the disaster of December 1999, differing from it in magnitude, although not in basic nature. References to “regular emergencies” and “structural crisis” stand as oxymorons for the tension between the unexpected and the anticipated character of the disaster. This was reflected –in programmatic terms—in the difficulty to prioritise the response to competing demands associated with the structural and emergency issues.

I think it was sort of a ‘chronicle of a death foretold’. I mean, we all assumed that this was about to happen, maybe not in the same magnitude, maybe not due to the rains, in that same [way]...but we knew, there were regular emergencies here, where annually, when the rain arrives, there were always people dead [T43-INT-DES].

This discourse presents the disaster as continuous with the normal situation in Venezuela. The continuity between people’s past and present is provided by structural conditions that sustain a significant social inequality and exclusion amongst those affected and that contradicts the traumatic rupture between ‘before’ and ‘after’. From this perspective, the disaster is fundamentally identical to many other similar events in Venezuela in which lives have been lost and destruction caused. The novelty of the events of December 1999 would derive, almost exclusively, from its extraordinary dimensions, rather than from its fundamental character.

This discourse presents the disaster as a process (not as an episode) placed within a continuum of emergencies that are an expression of long-standing structural conditions in Venezuela. This discourse recognizes both the exceptional dimensions of the disaster and its identity with other expressions of the social crisis in Venezuela. The continuity between the disaster and ‘normality’ for most Venezuelans is expressed by UNICEF’s coordinator of the emergency in the following terms:

I think that, as Athenia Monthejo –who is UNICEF’s resident official— said, there has been a silent emergency here, in the country. I mean, we worry about what happened [in December] and that is very valid, but there was already an emergency here. What happened here was like lifting the lid of the pot, something was discovered that we all assumed existed in Venezuela, but it was discovered with a greater evidence [T43-INT-DES].

The connection between past and future is provided –within this discourse—by the social conditions that promote and sustain poverty and exclusion in Venezuela.

By articulating the events of December 1999 with issues such as poverty, social and economic exclusion, violence, human rights and others of structural nature, this discourse denies the randomness of the disaster's impact upon those excluded. It is affirmed, for example, that the emergency rides over "a social emergency already going on" [T44-INT-IMP] and these type of references function to frame the events in the context of multiple other negative incidents affecting the poorest people:

In the past we had confronted other difficult situations, although of a lesser magnitude: landslides, floods, and even earthquakes, plus small everyday disasters, such as unemployment, the problems of water, transport and insecurity. However, the tragedy of December surprised us for its magnitude, for the destructive force with which it hit our lives [T2-DOC].

This discourse asserts that the impact upon those affected was provoked and sustained due to their exclusion from mainstream social structures. Occasionally, this discourse recognises exclusion as forming part of a dynamic that has inclusion as its counterpart, although this is not generalised in the texts. In most cases, however, the situation of poverty is referred to as a problem located within the poor. This identification between the source of the problem and the site of the problem constructs the issue of exclusion as pertaining solely to those affected, rather than to Venezuelan society as a whole:

There are structural elements that are present in this emergency, that go further than December 15. With this, I mean that we have been realising that this is a population, at least the one that is living in Fuerte Tiuna ...that already lived an emergency [T44-INT-IMP].

Predominantly, this discourse disputes the notion of rupture and dislocation. Such rupture is questioned solely in relation to the population living in poverty, as the fundamental condition considered to be the essential marker for people's identity and belonging—their exclusion—remains unaltered after the disaster. On the contrary, the disruption is vindicated in reference to the middle class, whose relative situation is presented as truly worsened as a result of the disaster.

Within this discourse on the structural, the 'barrios' of Caracas are represented as the site of the structural crisis. Vargas—and particularly its middle-class areas—is constructed as the site of the emergency. The displacement and rupture is presented as taking place between the urbanised Vargas, or the middle-class Caracas, and the situation of destitution caused by the disaster. Meanwhile, there is not a real rupture or displacement between the 'barrios' (of Vargas or Caracas) and the shelters, as those

affected would be inhabiting essentially the same place, that is, the space of exclusion, informality and poverty. In other words, when the emergency overlaps with the structural crisis there is no rupture, only continuity.

In this context, it is possible to understand the words (filled with disappointment) of one volunteer Scout when describing her expectations about the beneficiaries of the intervention:

I was prepared to find people “damnificada” by a disaster situation, where an amount of water had flooded and dragged an amount of houses, and so on. But it happens that I have to work within a battalion where the “damnificados” are from the Federal District, they are the people of San Bernardino, of Quebrada Anauco [poor areas in Caracas] [T46-INT-IMP].

The idea of continuity and (even of relative gains) for the affected from the ‘barrios’ of Caracas is sometimes highlighted, within comparisons of their situation with that of affected people from Vargas:

But [what happens] is that you are seeing today the work with a group, that is not really...is the one who lived on this side⁹, in Caracas, and here, yes, the thing was different. I mean, their social reality was even harder than the tragedy that happened in December, as hard as it was... [T46-INT-IMP].

The ‘normality’ of the social crisis for those sheltered in Fuerte Tiuna is emphasised in another text:

We realized that an amount of individual, affective, emotional things and feelings that all children have are not the only ones to be there, and maybe those feelings, emotions, etc., are a consequence of some former experiences that do not depend upon the affective, but upon the social. I mean, when you realize that 90% of these children didn’t live in Vargas, they lived here in Quebrada Catuche, they lived in Caracas, and that those children have lived in a climate of violence, of mistreatment, of fear, that is a society that lives like that, it is not [one child] that has an experience of mistreatment, no...it is that all live like that, all live, in one way or another, defending themselves from the others, in a constant fear, I truly hadn’t lived it from so close as now, the lack of community integration, the complete ignorance of rights, and when I talk about rights it is not because there is a new law, but it is because it is normal not to receive attention when you are sick, it is normal to wait to be mugged at any time, that they can arrive to your house and hit you, hit your family, I mean, that is a normal situation, of family disintegration in most cases [T47-INT-IMP].

⁹ The Avila mountain, from where the mud that covered Vargas and some sectors of Caracas, separates the capital from the coast. “This side” makes reference here to the ‘barrios’ the side of the mountain that faces Caracas.

The location of the disaster is defined not by its coordinates within a physical space in which people inhabit, but by reference to social, cultural and political landmarks that confer their dwelling its particular qualities. Violence, mistreatment, dependency, scarcities and deprivation are presented as common markers; signposts that provide a familiarity between past and present and that make it possible to refer to the disaster in terms of continuity rather than disruption. To the extent that coming from the ‘barrios’ of Caracas is signified as basically identical with living in a continuous emergency there would not be a rupture imposed by the disaster for those who previously lived in a condition of poverty and were later living in shelters.

The ‘extraordinary’ condition of the affected population (characterised as excluded and dysfunctional) is presented as moderating the ‘normal’ or ‘expected’ impact of the disaster. People’s suffering is associated both to the disaster and to previous living conditions. A tension between dislocation and connectedness is elaborated by establishing the discontinuity by reference to a psychological discourse, while the issue of continuity is framed within references to the structural:

The people to whom we have given attention...they are people with post-traumatic stress, but who drag forty years of scarcities [T52-INT-IMP].

The extraordinary emotional condition imposed by the disaster is moderated by the adversative conjunction ‘but’ which qualifies the rupture while presenting the identity between past and present as provided by the social conditions. Within this discourse, the disaster is placed in a more complex surface than the bi-dimensional one that frames the discourse as a rupture. The introduction of the disaster as placed in a complex cross-section of factors that make up people’s lives locates the disaster within these factors rather than presenting it as the single most relevant defining axis.

This recognition of the entanglement of various factors affecting the population sheltered in Fuerte Tiuna corresponds to a second stage of the intervention, subsequent to the pilot trial of the project. For interveners, this reconstruction of the place of the disaster in people’s circumstances promotes an adaptation of the original project described in UNICEF’s promotional video in the following terms:

UNICEF Venezuela coordinates the attention team and adapts the methodology taking into account the previous social situation of those children, that gives the problem a more complex root [T34-PRESS].

During an evaluation workshop at Fuerte Tiuna, in the first week of July 2000, one of the participants –a Scout volunteer – highlighted that the outcome of the project had to do with the poverty, violence and lack of habits of the population, and concluded by saying that “their disaster was much before the tragedy” [T59-FD].

This same image of the disaster both as extraordinary and as continuous with regard to the structural conditions in Venezuela is reflected in press reports about the intervention, which present the disaster as fully consonant with the normal living conditions of those affected, the floods being “but another of the multiple negative happenings in their lives” [T11-PRESS].

This discourse locates the occurrence of the disaster as an event fundamentally different for the poor and for the middle-class in Venezuela. Poor people are placed as longstanding inhabitants of exclusion for whom the disaster does not impose significant changes; the middle-class population, on the other hand, are positioned as victims of the rupture, as –in their case— the disaster opens a gap between their past and present conditions.

THE TECHNICAL REPRESENTATION OF THE DISASTER

Another set of expressions refers to the disaster in technical terms, employing specialised notions and appealing to ‘hard data’ in the form of numbers and measurable facts. This discourse privileges the objective dimensions of the disaster and excludes the subjective ones related to its resonance in people’s lives. It is articulated through detailed descriptions of the phenomena of the torrential rains and mudslides that led to the disaster and it is used to support arguments about the material and human damage it caused.

The disaster is constructed as an event the essence of which can be understood in terms of the amount of victims and the extent of the destruction caused [T21-PRESS, T22-PRESS, T23-PRESS, T24-PRESS, T25-PRESS, T26-PRESS, T27-PRESS]. There are expressions about the amount of people dead, missing or disappeared; the number of houses and other facilities destroyed; the “scores of bodies” found [T29-PRESS], the loss of life [T39-PRESS] or the death toll [T32-PRESS].

The nature and magnitude of the disaster is presented as appreciable in numerical terms, through the provision of percentages, precise dates and times, measurements of the rain,

volumes and weights of the rocks and the mud displaced, square kilometres affected by the event, money lost and other numbers that can be added up. The social impact of the disaster is described –in this context— in terms of “human (...) damage” [T35-PRESS] or “lethal aftermath” [T37-PRESS], the dimensions of which are accounted for together with that of the material destruction.

These technical descriptions of the disaster are predominantly introduced in news and press reports produced by UNICEF, mostly aimed at the international public and particularly to donors in allied agencies. This is apparent in the terms employed in the texts (for example, reference to Venezuelan indigenous groups as “Amerindian” [T39-PRESS]) and the provision of (usually large) numbers to characterise the affected population and the event:

According to the latest reports, over 20,000 people have lost their lives in the tragic landslides and floods of Venezuela. Some 150,000 to 200,000 people are reported as being homeless. At least 1,000 children have been separated from their parents. Some 336,000 people have been affected by this devastating natural disaster. The government of Venezuela has prioritised rescue operations and as of last night 70,000 people have been rescued. Homeless families are being housed in football stadiums, public facilities, and schools [T40-PRESS].

This is a discourse of technical expertise, sanctioned as such through the manifest objectivity and impartiality of the depiction, constructed through the absolute absence of reference to subjective dimensions, and through the presentation of verifiable and quantifiable data. This discourse is dominant amongst UNICEF’s documents produced by its headquarters (in the Venezuela or New York) to brief the international audience on the projects of the organisation.

Institutionally, this seems to be the discourse of credibility and expertise, warranted by its emotional detachment and objectivity. On the contrary, the discourse of the tragedy – with its emphasis on emotional dimensions—requires no credentials, and lacks thus the authority to address the international community in appeal for funds.

AN OPPORTUNITY FOR THOSE AFFECTED

The disaster –following its etymological sense— implies the former presence of a ‘good star’, the loss of which is signalled by the event. However, the previous lack of such good fortune –of a good life, in general— is asserted in a set of references that place the disaster as an opportunity or positive event for those in Fuerte Tiuna, to the extent that

their existence in the ‘barrios’—in exclusion and scarcity— is presented as worse than living in the condition of ‘damnificados’.

These references to the disaster as a positive event assume two forms in the discourses. On the one hand, it signifies the disaster as positive on the basis of its potential for forcing progressive policies conducive to improving the situation of the affected population. On the other, a different set of texts introduce the idea of advantage, from a comparison of relative gains and losses, whereby those affected are positioned as so absolutely destitute in the past (in all senses) that the minimum provisions of the shelter appear as improvements.

In the first case, the disaster (an occurrence that reveals the existence of structural issues that place part of the population in ‘permanent emergency’) is presented as creating the political conditions (consensus, social mobilisation, resources and so on) to implement strategic policies to confront inequality. In particular, the possibility of resettling thousands of people is considered as opening the opportunity for the development of new areas in the country [T43-INT-DES]. The destruction caused by the disaster is presented as having potentially progressive consequences as a result of a State policy that would take advantage of the newly generated social sensibility, bypassing the processes of negotiation and consensus building that had been considered as obstacles in the past:

I think that [in Venezuela] the opportunity has been opened to produce policies that will allow the State to look for a solution to the situation of the excluded people of this country. I think that these are, precisely, the people of the slums of Caracas, and of the slums of Vargas, inhabitants that have been excluded from policies during many years... They haven't received anything. I think that a part of the debt of the country is with this group of people, no? I think that it is the moment to start building a different situation, but we can't, and nobody has thought, none of the actors has thought about giving attention [to the excluded] for a little while, as it was done in other opportunities. Finally they returned again to build a “rancho”, in the hills, in other hills, while in this moment longer-term solutions are being thought about. I mean, that the emergency now is going to join with a process of reconstruction, that in this case will be started with the “damnificados”, but that can continue up to a process of population policy for the country...it can happen now, from now, a repopulation of other zones of the country, sustainable, because it's not about sending people to inhospitable places, outside the city, outside the coastal area, where there are no services, where there is no employment, it is about creating conditions so these people can live in other places in a definitive way, but in conditions of dignity, with employment, with schools, with health attention, with all the services, potable water, environmental conditions, housing [T43-INT-DES].

This discourse –predominant amongst Venezuelans in higher positions within UNICEF— is tied to the recognition of values and resources amongst those affected. The positive character of the disaster is associated with the possibilities it creates for progressive social policies, rather than from a comparison with people's position in the past. When these references touch on personal issues, it is to speak about the possibility of a better future and to highlight the emergence of “an opportunity for the elaboration of new life projects” [T2-DOC], rather than to favourably compare the present with the past.

The other way of constructing the disaster resembles the one above, although departs from it in a fundamental sense. The disaster is presented here as positive as it moves people ‘away’ from the ‘barrio’ and places them under the military authority. The disappearance of ‘barrios’ –the site of disorder—and the forced displacement of people to military shelters –which are seen as deprived but nonetheless more organised settings— is presented as a situation that ‘suspends’ the violence, promiscuity and informality that is associated with those affected:

[The disaster] was very bad for them, really, but I feel that, in front of their social reality, well, they are really living a recess, maybe regarding violence, aggressiveness, insecurity, of all the things they lived when they lived in the ‘barrio’ [T46-INT-IMP].

These references present the change imposed by the disaster as a positive development for the life of those affected:

And at the end, I believe that the best that could have happened to them in their lives, was what happened, ending up in Fuerte Tiuna, where they have security, where they have three meals a day, where there is a family salary, where they have an amount of things they didn't have [before], ok? And what children are projecting to us in that battalion is precisely this (...) They...well, yes, the tragedy, the tragedy was a part, and the tragedy was something that happened. Ah... “yes, the river grew and took away the house”, but they lived in a totally different reality, a reality of aggressiveness, of rapes, of drugs, of aggressions and death, like...impressive, that, well, they, at this moment, live, I believe, in wonderland. Here they are in a different land, completely [T46-INT-IMP].

Within this way of constructing the disaster, the positive character of living in the shelter is presented as emerging not only from being situated under military control, but also from the access to experts –particularly psychologists—who are able to diagnose and treat children's problems, previously unattended. The positive character of the disaster emerges, in short, from a comparison that interveners effect between past and

present living situations of people, and through an assessment of relative gains and losses as compared to that of people from the middle class.

For many [of the ‘damnificados’] the change has been positive, as the psychologist Nancy Alvarez explains, because “they came from very decomposed families, they had suffered a lot of domestic violence. And that is not allowed here, and with adults we are working on that situation. Definitely, the problems we are working with here were not born with the tragedy. While middle-class children are more affected because they have felt a lot the loss, these [poor children] have had a lot of attention and that has helped them” [T11-PRESS].

In this way, these references reinforce the positioning of the middle-class as the true victims of the losses –and holders of standards for a civilised, stable, rational and valuable existence— while placing the poor as profiting –intentionally or not— from their situation. This differentiation between the poor and the middle class provides a fundamental condition –as will be presented in future sections—for the positioning of helpers, and for the understanding both of the impact and of the process of recovery.

A REACTION OF NATURE

Another form of constructing the disaster is as a reaction of the Earth, presented here as an agent: animated and acting with intentionality. This discourse on the disaster –which can be traced back to Lovelock’s Gaia theory of the Earth as a living organism (Lovelock, 2000)— appears in some texts produced by UNICEF before the disaster in Venezuela and provided to facilitators as part of the intervention guidelines. According to these references, disasters constitute reactions of nature following aggression towards her from humans. In one text, an analogy is presented between the causes of natural disasters and those of war, as both would result from aggressions: to people (in the case of wars) and to nature (in the case of disasters). While people respond to aggressions with war, nature responds to them with earthquakes, floods and mudslides:

The permanent damage we cause to the environment every day, and the violence that we also practice daily among ourselves, have led both nature and human beings to react and respond in a chaotic, bewildered and explosive manner. Wars, revolutions, insurrections, conflicts, battles and frays, and also hurricanes, earthquakes, storms and seaquakes, are contestarian reactions produced by imbalances in nature and by social injustice, which manifest themselves in the pursuit of new equilibria in an endless dialectical process [T5-D0C].

Within this discourse, people affected by disasters—particularly poor people—are presented as suffering the consequences of their own wrongdoings towards nature:

The majority of inhabitants of this other part of the world subjected to absolute poverty are forced to deforest the land and live in eroded and dangerous areas in subhuman conditions. They are the first victims of their own misconduct, causing themselves and the following generations suffering that could be avoided. After an earthquake an orphan said to me, "Suffering is worse than dying." And his grandmother taught me, "It is worse for the one who remains than for the one who passes on" [T5-DOC].

In the same direction, in a UNICEF handbook for psychoaffective recovery titled "The Return of Joy", one of the opening pages describes the occurrence of wars and disasters under the heading "Violence towards the environment and amongst human beings" [T1-DOC]. The issue of blame and responsibility is argued with reference to the actions or omissions of the victims, while political violence and the use of natural resources by those in a situation of social exclusion are placed on a similar level, as sources of collective catastrophes.

CHAPTER 7

THE SUBJECTS OF THE INTERVENTION

Discourses and practices of the intervention construct a variety of subjects that support particular models of the psychosocial in UNICEF's project. References to the traumatic are central in connecting subjects and processes, although this is by no means a linear relationship, the social position of people is presented as playing a mediating role.

These discourses and practices, afford (or deny) subjects specific attributes and capacities to act and say; link and dissociate them from other subjects, and locate them – together with the intervention— within specific social and political fields. The social map depicted by the disaster is populated by a few subjects. Children in Fuerte Tiuna occupy a central position in these discourses, and their place is specified by reference to that of others such as middle-class children, the rest of 'damnificados' sheltered in Fuerte Tiuna and the military. In this process, associations and oppositions establish a normative reference of childhood, against which children in Fuerte Tiuna are assessed.

The social exclusion of the community of origin of affected children constitutes a major reference in their construction as subjects of the intervention. This social ascription is presented as central for the signification of children in Fuerte Tiuna –and of childhood in general. By describing features and deviations associated with coming from the 'barrios', discourses simultaneously construct a position for affected children and those 'others' that function as their normative reference, the resulting tensions providing a context for the implementation of UNICEF's project.

THE POPULATION IN FUERTE TIUNA: FRAMING THE INTERVENTION WITHIN THE SOCIAL COORDINATES OF EXCLUSION

The affected population sheltered in Fuerte Tiuna became beneficiary of UNICEF's intervention by virtue of their destitution. Coming from the most deprived affected areas of Caracas and (in a lesser degree¹⁰) Vargas, they lacked enough resources to provide

¹⁰ Affected people from Vargas were mostly sheltered in other military installations outside Caracas, as at the time of their relocation to the capital Fuerte Tiuna had already filled its capacity to receive people.

temporary accommodation for themselves. They had to rely upon the provisional shelters provided by the State, with the prospect of being resettled outside Caracas in the future.

Meanwhile, well-off people found temporary shelter with family or friends, or had enough resources –and support— to rent flats or hotel rooms, staying –on account of the independence afforded by their social and material position— outside the scope of UNICEF’s psychosocial work.

The population in Fuerte Tiuna –whose public position and ‘policy’ availability had at its basis the social differentiation described above— constitutes the fundamental subject in regards to which UNICEF’s discourses and practices are articulated in the Venezuelan context. The gathering of hundreds of affected people within the single institutional framework of Fuerte Tiuna (although under the simultaneous gaze of several institutions) made them objects of surveillance and provided the immediate context in which a discourse on their identity was elaborated. The surveillance –in this case— went beyond close observation and extended to actual regulation of their daily lives and routines.

The emplacement in Fuerte Tiuna provided visibility to people and conditions that, despite constituting that of the majority of Venezuelans, remained segregated in terms of its social, political and geographical representation. Furthermore, following their displacement from their communities of origin, the social networks and resources with which those affected had been engaged before the disaster were left out of the intervener’s sight.

The extension and severity of people’s poverty, but also what they considered as the population’s anomie, was met with astonishment by interveners as is expressed in several texts:

I have been a teacher since a long time ago, I mean, for 20 years (...) and I thought that I knew all possible levels of children. I have worked with children of the different social classes, and in different situations too. Being a scout I go and get into any place, and I carry out activities and share with people of any... with any type of people. And when I arrived here, the first thing I said was “I didn’t know these ones” [T46-INT-IMP].

Similar consternation was expressed by Colonel Zerpa:

As a psychologist and as military, I have been 27 years in the Army. I come from working with soldiers and the population of soldiers also comes from...the social

stratum of the country...let's say of the least resources, and also with very big family problems. Generally soldiers don't come from integrated homes, rather [they come from] unstructured or disintegrated [homes], and we were used to the management of that personnel. But really for me it was an impact to discover ...the Venezuelan family that was in those barracks, that is still with such a big problem, that I thought existed, but not so strong as it is: the violence, the mistreatment to children, to women, men, aggressions, the lack of education [T53-INT-IMP].

The discourse ascribes a series of attributes to the affected population. This is done directly, by qualifying them, and indirectly, by comparing them with other groups (such as the military) who are presented as normative references. The defining features directly ascribed to the population are high levels of violence, dependency, family dysfunction and long-standing conditions of scarcity and exclusion:

[This is] a community with a high social risk, whose psychosocial level had intra-familiar violence, child abuse by omission, problems within couples, sexual abuse, alcoholism, adolescent pregnancies and prostitution (...) In the socio-economic level, we find a community placed in a scale of relative and critical poverty, with low labour training and very low income, those who had employment. The lacks in health...we observe a high level of infant malnutrition (...) these undernourished children are a product of undernourished mothers. Malnutrition in adults, that is, mostly fat, but really with an occult anaemia; ignorance of mouth hygiene, all have odontological problems; ignorance of family planning, that is, we find mothers, with a really alarming sequence of children, and very young... [T52-INT-IMP].

The location in a military setting –with its privilege of order, hierarchy and obedience— besides functioning to impose control on the affected population, becomes a backdrop against which the character of those affected –mainly their ‘disorderly’ nature— is assessed. Coming from the ‘barrio’ is contrasted with the controlled existence in a military garrison, presented as a space for order, regulations and obedience:

From the perspective of group relations, the command of the military over the ‘damnificados’ at the start...there was, as is normal in these situations, rejection because the military have discipline, have a normative...started to put limits, timetables for the dining halls...because at the start these people want to do whatever...they don't come with all this...normative, of limits, to eat, to shower...[T53-INT-IMP].

Laziness, dependency and disorder are presented as central traits of the affected population and contrasted with the diligence, initiative and determination of the middle class. This opposition was particularly outstanding in press reports about the disaster [See Inserts 2a/2b and 3a/3b] in which images of people in shelters laying on mattresses

—evidence of their unwillingness to contribute to their own well-being— were contrasted with that of the middle class, generally portrayed in action, accompanied by stories attesting to their entrepreneurial character, industry and drive.

The dependency of those affected was reinforced through references that likened them to children. For example, in a comment about people's responsibility for the reconstruction of their lives, the Red Cross representative spoke about the necessity to avert any expectation amongst those affected about the State as provider:

[We have to tell them] that not everything is going to come from father god [papa dios] the government, but that they have to generate or manage their contribution for the survival that awaits them [T42-INT-DES].

Lack of discipline and control was cited as a major deficiency of the affected population. In some cases, this was presented as the predominance of the instinctual over the rational, whereby the physical needs and desires of people appear as the driving force, placing those affected in a lower evolutionary stage:

There isn't a consciousness, really, of what it is to be a real mother, a real father to have a clear notion of family (...) I don't want to be catastrophic, but people live sort of... in a very primitive state, with the exception of a few families, but most live like... animals. They procreate, have reactions, fight for their territory, for the food, and they don't internalise really the situation [T53-INT-IMP].

Meanwhile, some institutional documents of UNICEF support the recognition of people's values and capacities, which are presented as the basis for participation and empowerment. For instance, in UNICEF's leaflet "Building back our lives" [T2-DOC] those affected are described as:

People with dignity, with their own values and capacities, who struggle actively to move ahead [T2-DOC].

On the other hand, the discourse of volunteers and middle-rank interveners tends to present those affected as lacking in resources and being 'very disabled' [T53-INT-IMP].

While the disaster and its consequences endowed visibility to people in poverty (and to people's poverty), this is not described fundamentally as a material condition belonging to the context of those sheltered in Fuerte Tiuna, but as a distinctive personality trait substantive to their nature. The elaboration of people's poverty within a psychological discourse responds both to a programmatic requirement for a psychological diagnosis of

those affected and to the predominance of psychological explanations of poverty amongst implementers.

In particular, people's poverty is frequently elaborated in a discourse framed within the 'psychology of poverty'. Accordingly, poverty is constructed not only as a socio-economic condition, but fundamentally as a 'culture' that constitutes a psychological problem. From this perspective, poor people would possess a variety of traits such as apathy, incapacity to postpone gratification, indifference towards the future and external locus of control. Chronic poverty would be a psychological condition found "in weak people, deficiently educated, untrained, ugly, always at the border of disease, clumsy and ethnically or culturally different" (Ardila, 1990, p. 404).

Coming from the 'barrios' is presented as consubstantial with the psychological condition corresponding with the terms above, and such a condition is presented as a mediating factor distorting the 'normal' and 'expected' psychological reactions following the disaster. The Red Cross representative qualified the normal reactions to the disaster on the basis of people's social background, which she identified as their 'biopsychosocial component':

There are people that already come with a series of characteristics, and that after the disaster these are even more accentuated... but in this moment let's start by the denied assumption that people had an acceptable biopsychosocial component [T42-INT-DES].

People's social position is presented as mediating the impact of the disaster. It is a factor that sets those in poverty apart from the rest of the population in which a 'normal' impact would have been produced. Normality in this case seems to refer to the situation of the minority of the Venezuelan population, as those in poverty comprise, according to the UNDP, 67.7 percent of the population (UNDP, 2000). This construction of people's condition within a psychological discourse is in tension with positions defined by reference to the structural, as described in the previous section.

Sometimes, the 'normal' (traumatic) impact of the disaster is presented as temporarily overshadowing the population's distinctive psychological traits associated with poverty. In this way, during the initial moments of the emergency people would present 'normal' symptoms, which disappear after a while when the real character of those affected re-emerges. The pervasiveness of personality traits associated with poverty are said to be

of such a significance that once the (attributed) initial impact of the disaster has subsided, these traits emerge again and appear as an issue that merits attention:

During the first crisis, there is a personal shock, but in the second crisis, already in contact with reality, then the person starts to demand and to want and the cognitive disorganisation continues; that doesn't allow him to get organised to have group goals; for community work, and then other consequences start, such as the fights, the conflicts; and again the part of the personal history they bring starts to emerge, of aggressions, how they were in their lives, added to this the forced conviviality in cubicles (...) Then here it starts to emerge, right now, in this second crisis... how they really are [T50-INT-IMP].

These discourses situate the intervention within social coordinates of exclusion by reference to which those affected are marked by their poverty as well as by psychological conditions to which such poverty is attributed.

DIGNIFICADOS, DAMNIFICADOS OR WHAT?: THE CONTROVERSIAL PROMOTION OF A SUBJECT

The collective tensions underpinning the construction of those affected and their position within the Venezuelan social fabric was further advanced –and reflected– by the introduction of the term “dignificado” [the dignified one] by president Chávez to refer to the poor people affected by the disaster.

The word ‘damnificados’ has traditionally been used in Venezuela to identify those left destitute as a result of a disaster. Etymologically, the term relates to being doomed or damaged and in Venezuela its use has a clear class connotation, as ‘damnificados’ are unable to repair –due to their initial poverty– the damage they have suffered and are left dependent on the State’s resources for assistance.

A few days after the disaster, in a televised address to the nation, president Chávez put forward that affected people should not be referred to as ‘damnificados’, but as ‘dignificados’. According to Chávez, the use of ‘dignificados’ would not only boost people’s esteem, but would also recognise their contribution to the Venezuelan society. Through this identification being affected by the disaster was turned into a positive condition as those so called were the objects of a process of ‘dignification’, in this case, by the Venezuelan State.

This designation –endorsed by Chávez on subsequent occasions– amplified the collective tensions regarding the location of those affected by the disaster within the

Venezuelan society, on the account that ‘dignificado’ was used solely in reference to the poorest amongst those affected, and not to middle-class or wealthy people, affected by the disaster.

Regarding its usage in the texts, the expression ‘damnificado’ appears on fifty-one occasions in the corpus. While ‘damnificado’ is the term used by UNICEF’s personnel to refer to those affected by the disaster, ‘dignificado’ is absolutely absent from the discourses of UNICEF’s personnel, but for four references of critical sort. This term is also absent from UNICEF’s press releases and other public documents of the organisation.

‘Dignificado’ —in contrast— appears in the texts on 23 occasions, predominantly used (17 times) by military personnel. For instance, one of the speakers —a mid-range military official— solely used the term ‘dignificados’ [T52-INT-IMP] during a presentation, in what appears to be an extreme compliance with the presidential guidelines regarding the re-labelling of those affected.

The affected population sheltered in Fuerte Tiuna was employed through the “Plan Bolivar 2000” —a ‘fast employment’ programme managed by the military and concentrating on odd jobs for unskilled people— and assigned a salary per family. Within the Fort, they were referred to as the “dignified personnel”, and this formula was used in official documents, notice boards and identity cards. This used of ‘dignificado’ in a bureaucratic, non-problematised way, seems to be the case for military officials in charge of the shelters, who referred to “dignified personnel” [T50-INT-IMP], “the dignified” [T51-INT-IMP], and so on. In fact, an intervention carried out in Fuerte Tiuna —independent from UNICEF’s work—was called “Project of Family Attention to Dignificados hosted in the 302 Ayala Cavalry Group”.

Out of the rest of the references to ‘dignificados’, two were indirectly made and four were presented in the context of debate about the implications of the term [T53-INT-IMP].

The use of the term “dignified” was not always made without controversy. The difficulty of fixing the people’s identity with a term that appropriately conveyed their situation can be observed by the use of competing labels within a single reference:

When the disaster started, some guidelines, instructions, were given very fast by the president of the republic, about where to take the dignificados, damnificados, refugees... it has so many connotations! [T50-INT-IMP].

This comment of colonel Zerpa reflects the questioning that followed the introduction (and practical enforcement in some contexts) of the term “dignificado”. The dispute about the adequacy of the term seemed to extend to people affected. For example, Colonel Zerpa refers to people who rejected the label, saying “that they were not ‘dignificados’, but ‘damnificados’” [T53-INT-IMP]:

Those who have more studies, could...understand that the idea is to try to help them... not... not the stigma... to pigeonhole them or to label them, but to help them. But also some at the more primitive levels say, “no, I have nothing and what I am is a damnificado” [T53-INT-IMP].

Children did not use either words ‘damnificado’ or ‘dignificado’ to refer to themselves, their families or those sheltered in Fuerte Tiuna in the several occasions I met them for this research, including the four individual and group interviews in which more than 30 of them took part.

Only on two opportunities is the term ‘dignificado’ used for self-reference. First, in the context of a newspaper edited by adolescents living in Fuerte Tiuna and published by UNICEF, where an article (which did not appear in the final version) was titled ‘24 Hours in the Life of a Dignified’. Second, during a conversation with an adolescent about the conditions for transiting within the Fort, in which he commented that they had no problem, as they were ‘dignificados’.

The appeal of the term ‘dignificados’ seems to be related, as well, to the sacrificial imagery and the notion of a cleansing power of suffering, through which those affected would find a (temporary) inclusion within mainstream society on the basis of the regeneration afforded by the experience of the disaster.

While the use of the word ‘dignificado’ had the political connotations described above, the word ‘damnificado’ has been traditionally associated with long-standing suffering caused by destitution amongst the poorest in Venezuela. This suffering is presented as diminished or lessened as a result of its familiarity for those who endure it. The condition of ‘damnificado’ as rooted in established structural conditions is elaborated in the discourses:

Many of these ‘damnificados’ are ‘damnificados’ ‘by profession’, because their houses have fallen down three and four times. Today they have a great hope. Let’s trust that that hope is not going to be defrauded. The hope is that they now have been given attention for the first time. And I think that is meaningful. It is not a problem of poor people, it is not a problem that people like living in a shack,

nobody likes to live in a shack, nobody likes to live with delinquency, and nobody likes to live in the condition... what happens is that when you have no support, finally any slum is good to build your house, it is better than living nowhere, than a bridge, than in the highways, as many people live nowadays [T43-INT-DES].

Deserving and undeserving victims

The debate about ‘damnificados’ or ‘dignificados’ involves more than the use of a label to refer to the affected population, as it places the debate in the opposition between deserving and undeserving victims. By asserting the existence of conditions that mediate the impact of the disaster on those affected, the discourses also distinguish between legitimate and illegitimate recipients of State aid (and also of public sympathy).

Other oppositions in the discourses contribute to discriminate legitimate from illegitimate victims. For example, people from Vargas —particularly the poorest amongst them— were immediately identified as genuine victims: their families had died, they were covered by the mud, had to be evacuated from their State and survived during several days in extremely difficult situations. People from the ‘barrios’ of Caracas, on the contrary, were identified as qualified victims, and in some cases —as was shown before— their condition as displaced was positively compared with their former life in the ‘barrio’. When the comparison was made between the poor and the middle-class, the disaster was presented as affecting mainly the latter, as their previous situation would make their losses comparatively more significant:

While children from the middle class are more affected, because they have felt a lot the losses, these [poorer] ones have had a lot of attention, and that has helped them [T11-PRESS].

The use of ‘dignificados’ —in this context— appears as disrupting the opposition between deserving and undeserving victims by asserting the value of the poorest amongst those affected and —consequently— vindicating their losses.

‘WE WERE ALL AFFECTED’: THE CONSTRUCTION OF SOCIAL IDENTITY

UNICEF’s discourses also assert the existence of a generalised psychological impact of the disaster amongst the population. This attribution is supported by discourses that promote a single identity amongst those affected, and between them and the rest of the population on the basis of a psychological condition. Instead of presenting a defined

profile of people who had suffered the impact (and are, therefore, in need of assistance), this discourse identifies the whole of the Venezuelan population as ‘affected’ [T43-INT-DES] by the disaster, mentions ‘direct’ and ‘indirect’ victims or operates—in practice—by choosing whole populations as beneficiaries of UNICEF’s intervention.

References to direct and indirect victims of the disaster extend the impact from those who suffered injuries or losses to others who witnessed it, knew about it through the media or had any contact with those affected. According to this perspective “the great majority of the population is affected” [T42-INT-DES].

The generalisation of the affected population also comprises the personnel working in psychosocial interventions, for whom several forms of support and ‘debriefing’ were implemented. This affectation was explained as resulting from their involvement with those affected, causing “pressure or burn-out syndrome” [T42-INT-DES] that needed to be handled through debriefing or ventilation.

This discourse does not establish a radical distinction between the affected and the non-affected population. The fact that UNICEF’s project was designated as “Psychoaffective Recovery of Children and Adolescents Hosted in Fuerte Tiuna” can be explained on the basis of this belief on the generalisation of the impact.

CHILDREN IN FUERTE TIUNA

The issues presented above frame the position children are afforded within the intervention. The children’s position as beneficiaries of the intervention is reflected in the way other subjects are signified, always by reference to children or childhood: as parents, adolescents, adults, families or communities. These categories are constructed vis-à-vis children’s positions, rather than by some substantive features, and are addressed only when relevant to children’s well-being and to UNICEF’s programmatic goals.

References to children are located within a developmental framework, further established by the separation of subjects into age subgroups and the design of specific activities aimed at each of them. The focus of activities around play was explained by children’s limitation regarding the development of oral expression.

The children's developmental condition is treated as disrupted as a consequence of the disaster. Other topics –besides childhood and its conditions— compete with the centrality of development; particularly outstanding, in this respect, is the issue of violence and children's insertions and belonging in marginalized communities.

Children's malleability vs. adult's fixity

While children sheltered in Fuerte Tiuna are positioned by reference to the general diagnosis of the population (presented above), one aspect sets them apart from it: their condition as subjects in development and —therefore— their potential for becoming otherwise from their original background, particularly from their families. This potential positions children and adults differently regarding issues such as the activities of the intervention (particularly the roles of control and education), their vulnerability and resilience and the extent of attributed responsibility.

A phylogenetic perspective (running from primitive to modern) is adopted to address the situation of adults. As was shown before, the life of people in the 'barrios' is positioned as 'primitive', this condition being relatively 'fixed', although controllable under the military surveillance imposed in Fuerte Tiuna. The risk of losing the intervention's achievements (posed as a forward movement) due to lack of follow-up and control is a concern expressed by one psychologist in Fuerte Tiuna:

One of the very specific concerns we have is that once they are there [in the new settlements] if the links with the response from regional government are not achieved, they can regress [T52-INT-IMP].

In the case of children, the discourse is framed within an ontogenetic perspective, which makes them susceptible of developing differently to their original background. The adoption of military manners by children is presented (particularly by military personnel supporting UNICEF's intervention) as a signal of dissociation from their original social milieu and of the adoption of a positive role model. One civilian working in a military unit, referred to the "spontaneous manifestation of identification with the routines of military life" [T52-INT-IMP] as part of the achievements of the intervention:

We have observed [identification with the military] in children, because as there is a routine, there [in the Fort], then, the young people, from the adolescents to the small ones, approach [the military], know the marches...there is sort of an acceptance of all this process [T52-INT-IMP].

In the same sense, colonel Zerpa compares the population's former lack of discipline with the adoption of military codes by children, as to highlight a positive outcome of the intervention:

It was necessary to set norms in the different installations, and that was...interpreted as if people were being militarised, as if they were under a military regime of great authority or discipline. But I believe that in moments of crisis, like that one during the emergency, it was necessary to do it. Later, it was relaxed, and nowadays we see children marching, saluting, speaking with military terminology, and they do it... well... not under coercion, rather, they have learned [T53-INT-IMP].

Attributes of the adult population –particularly their violence and lack of habits— are presented as temporarily controllable within a military setting. Children's condition –on the other hand— is described as susceptible of being modified through education. Different forms of expertise are invoked for each group: psychologists and psychopedagogues aiming respectively at the adult's fixed personality traits, and at the child's modifiable developmental features. While the purpose of the intervention with adults is posed in terms of control, the focus on the work with children is change as promoted by education:

We had psychologists, psychiatrists, psychopedagogues, physicians, nurses... but the ones who are going to give specific attention regarding a methodological follow up of the therapeutic work... are going to be the specialists. In the case of adults, psychologists prepared for that and in the case of children, psychopedagogues with training in emotional problems [T42-INT-DES].

A variety of practices support the relevance of education within UNICEF's perspective on children. For example, two days after the disaster, UNICEF established the first school in Fuerte Tiuna, and later financed the reconstruction and re-equipping of schools in Vargas. Activities developed within the intervention resembled those in educational settings: the organisation of fixed schedules that brought together an adult and a group of children; the use of 'didactic' devices; and the submission of children to the guidance of adults. Children –for their part—assumed a position as learners, as revealed by the widespread use of the word 'teacher' to refer to UNICEF's adult personnel.

Within the intervention, this developmental difference between adults and children supports different attributions of responsibility. Whereas adults sheltered in Fuerte Tiuna were (informally) referred to with a certain disdain, as somehow responsible for

their own situation, children were treated with great sympathy, as bearing no responsibility for their circumstances and as being —on the contrary— objects of their parent's actions. The malleability of children is associated in discourses both to a greater psychological vulnerability and to a greater resilience in front of the disaster. For example, it is asserted that:

A traumatic experience during childhood can destroy a life forever [T6-DOC].

At the same time, children's developmental position —on the brink of being otherwise from their original communities and of themselves— places them as privileged bearers of possibilities, as the subjects in charge of “building a better future” [T18-PRESS]. Their embodiment of the future —that seems to leave unchallenged their present as a time for concern— is turned into an issue of strategic importance for society. In this way, the ontogenetic condition of children becomes a phylogenetic potential that is associated with the likelihood of improvement for the whole of the country.

The disaster and the condition of childhood

Some features are presented as central for the positioning of children sheltered in Fuerte Tiuna and for their construction as relevant for UNICEF's programmatic priorities after the disaster. They refer to the issues of happiness, obedience, the possibility of expression, violence and rights and how these features —which mark the uniqueness of childhood—would be threatened by the disaster.

Happiness and joy

Happiness and joy are described as central defining features of childhood, which have been jeopardised by the disaster. Joy is presented as a substance of childhood, and its restoration as a reinstatement of the natural state disrupted by the disaster:

We are sure that this instrument is an adequate guide to rescue the joyfulness and the hearts of many children that need to live adequately their childhood [T4-DOC].

This identity of children and joy —presented in the original documents supporting the implementation of UNICEF's project— is reflected in the identification of the project as “El Retorno de la Alegria” [The Return of Joy]. The logo of the project —displayed in books, handbooks and leaflets— presented a tearful child, with a rainbow shining in the background. Interestingly, volunteer personnel in Venezuela met this representation of affected children with resistance. Scouts opposed the portrayal of a tearful lone child as

part of the imagery of the intervention, as not reflecting accurately the situation of Venezuelan children.

The affirmation of childhood was associated with some activities and dissociated from others. Play, study and careless enjoyment, lack of responsibility and exclusion from productive activities are presented as appropriate for childhood. Work and war, on the contrary, are presented as contrary to childhood. Feeling scared of mine fields, taking care of younger siblings, providing for their own sustenance, carrying a weapon and not studying are all presented as situations attempting against childhood, as they are associated with thinking and acting as adults.

Obedience is an issue that centrally occupies the practices and discourses of the intervention, bringing up underlying normative models of childhood. Obedience and submission are presented as organisers of the relationship between children and adults. Discourses stress the importance of obedience as the central desirable feature of children, on the account of its attributed role in facilitating children's relationship with adults and creating the conditions for learning. Healthy and happy children are expected to be innocent and docile. These expectations are openly expressed by adults involved in the project, but are also held by children themselves. In this context, for example, we find the remark of a worried psychologist, who describes the situation of children by saying:

We have some little rebels that don't get adapted [T59-FD].

On another occasion, a journalist working for UNICEF expressed similar expectations, when asked by a child what she liked to do:

I like to interview people, know the nice things people are doing, know how children behave, how they comply with their activities, know if they comply with their daily discipline... [T55-INT-BEN].

Children's awareness of adult's expectations regarding obedience were expressed during a group interview in which children asked a volunteer from the Scouts about her experience with them in Fuerte Tiuna:

Q: And how do children behave with you?

A: Sometimes, they behave better, and some other times not so better, but in general I am very happy, children are very participative, and they work really nicely [T55-INT-BEN].

Some Scout volunteers cited children's "rebelliousness" [T45-INT-IMP] and lack of obedience as an obstacle for the successful development of the intervention's goals. The disruption of the expected command-obedience link between adults and children is emphasised by a Scout volunteer when complaining about a lack of leadership in his battalion, because children "don't allow themselves to be managed" [T45-INT-IMP].

This expectation of obedience (and the ensuing rewards) was revealed in a role-play with children in Fuerte Tiuna, carried out as part of the evaluation of UNICEF's project. In it, children recreated the activities in which they had taken part during the intervention. One of the boys –in the role of a volunteer— addressed one girl –who was 'playing' by herself and refused to play— in the following terms:

OK, now we are going to start... Hey, B., are you going to integrate? B., please, participate. I always have to scold you B... Never mind B., there is not going to be a gift for you... [T57-INT-BEN].

In another situation [T55-INT-BEN], children asked about their rights repeatedly referred to obedience, in a resignification of rights by its association with rules and duties, rather than with entitlements:

Child 1: To respect older people.

Child 2: To study and to learn.

Child 3: Not to fight, to be obedient.

Child 4: And be obedient of older people than us.

Child 1: And also to respect, to behave well in school, to study and pass the class. To respect older mothers, fathers, to obey.

Children's awareness of the relevance of obedience was not always accompanied by compliance. On some occasions, children were critical of the rules set by adults. When asked –for this research— to take pictures of things representing the most important activities they had been doing with UNICEF and then to describe the image and why they had chosen it, one adolescent took a photo of a list of norms for refugees, posted in a nearby wall, and commented –when asked why they were important: "it is almost the only thing that we have done here" [T56-INT-BEN].

Rights and participation

The Convention on the Rights of the Child as a general framework for UNICEF's work had been intended to promote a shift of focus from a conception of childhood based on

needs to one based on rights. These rights are to be exercised with the aim of promoting the survival of the child, as expressed in [T5-DOC]:

Therefore, the Convention defines programme orientations aimed at identifying the child as a subject of rights, as the protagonist of his or her life not only regarding physical survival but survival in a general sense, in which he or she fully exercises the right to the love and care of the family, as declared in Article 3.

Within the intervention in Fuerte Tiuna, this emphasis on rights was operationally translated as daily exercises as part of which children were prompted to learn and discuss their rights as stated in the CRC; parents and families were informed of the existence of children's rights; posters were displayed within the living quarter listing and illustrating such rights and leaflets were distributed amongst the affected population and the personnel of the Fort. However, the structural conditions that make possible the transformation of rights from a normative reference to a way of life were effectively outside the range of UNICEF's work.

Participation appears amongst the most important rights advocated by UNICEF and promoted within the intervention. It was not, however, signified in a uniform way and tended to be restricted to favour children's cooperation in activities designed for them by promoters and volunteers, while consultation and decision-making was mostly outside the scope of children's participation.

On several occasions, children were incorporated into activities without first being consulted. For example, while their participation was counted on for the farewell activity that would mark the closure of the intervention, children were not told in advance that UNICEF's intervention in Fuerte Tiuna was coming to an end, and the handling of this issue emerged as a source of tension during the last weeks of UNICEF's work. One Scout volunteer described the tension in the following terms:

The kids, yes, there are lots of fights amongst them, they throw stones at each other, they kick and hit each other. I am very disappointed, because at the beginning the improvement could be seen, but now they are sort of tired of us, because it was told to them 'we are going to finish the project', [and one child replied] 'then... and you're not going to return', 'no'...then he told me 'good, because then I won't see your face any more' [T45-INT-IMP].

For the 'farewell' activity—the announcement of which was to help children deduce the end of the intervention—children were taken to a stadium within Fuerte Tiuna and, once there, were invited to take part in activities previously organised.

As a form of promoting participation, UNICEF initially advocated the use of a child-to-child methodology requiring the assistance of volunteer adolescents in the implementation of activities for children. The involvement of adolescents was aimed at providing children with positive role models, while generating an experience of mutual attention. However, UNICEF found it was impossible to implement a child-to-child methodology, and this was accounted for on the basis of a series of factors, amongst which the lack of maturity of Venezuelan adolescents was highlighted:

The volunteers...they are supposed to be between 13 and 17 years old. And what happens is that our 13 and 14 year-old volunteers are very immature for some things, are too childish, not because they have to behave in a certain way, but it's an age in which you are still very much a kid, and then to apply and carry out activities is something that hasn't worked so well (...) Then, this part of child-to-child has to be handled with a greater care, in that sense, it is not that children can't do it, adolescents of 13 and 14 [years old], but it's that they need a lot more advice and need an adult working with them who understands that they are children [T47-INT-IMP].

The debate about the child-to-child methodology brings forth the problematic differentiation between children and adolescents, as the boundaries between these subjects appear sliding and flexible. On some occasions, children and adolescents are presented as similar and distinctive at the same time. This has—in the case of Venezuela—a legal counterpart, as adulthood starts according to the law at 18 years old. However, although most texts refer to anybody under 18 as a child, adolescents are simultaneously separated from children. For example, during the initial stages of the intervention, no activity was specifically designed to promote the participation of adolescents. In the final stage, this was assessed as a ‘gap’ of the project, and several activities were designed exclusively for them, such as the creation of a newspaper, radio clips and posters. At the same time, while responsibility was initially given to them in the context of the child-to-child methodology, they were later recognised as closer to children, and moved away from the original work.

Violence and the disruption of the discourse on the impact of the disaster

Arguments about the developmental condition of children are intersected—in the discourses—by references to violence as a distinguishing feature of children in Fuerte Tiuna. However, discourses do not attribute to the disaster the onset of children's violent behaviour and attitudes, placing them—on the contrary—as part of their pre-disaster features.

Although the intervention was aimed at the psychological consequences of the disaster, the trait most frequently mentioned –and problematised at length— regarding sheltered children is their violence. Discourses attribute violence to children’s urban background and, specifically, to their coming from ‘barrios’:

The specialists found, at the start, children marked by violence, insecurity and social exclusion. They presented an interior dynamic of suffering, aggressiveness, impulsiveness; intolerance, lack of habits, and difficulty for attention, concentration and follow up of instructions [T18-PRESS].

Children’s violence appears as a central issue that differentiates UNICEF’s intervention as originally designed and applied in other contexts, and its implementation in Venezuela:

Q: How were these cases at the start? I mean, what did you find when you started working with children?

A: Absolute aggressiveness, total impossibility for communication, terrible lack of habits; there were cases of very depressive or very solitary children or very reckless, but in general, I believe that the aggressiveness was the common factor to all, they were like...absolutely violent in front of any situation, whatever that might be, with kicks, bites, pinches, punches [T46-INT-IMP].

This reference to violence as distinctive of children sheltered in Fuerte Tiuna bears little resemblance with the psychological profile of a population affected by disasters, as described in UNICEF’s handbooks. By stating that “the problems we [psychologists] are working with here [in Fuerte Tiuna] were not born with the tragedy” [T11-PRESS], some specialists contest the role of the disaster as the source of the children’s problematic situation.

CHAPTER 8

IMPACT OF THE DISASTER: FROM A PRESCRIPTIVE TO A SITUATED DISCOURSE

A central means by which UNICEF's discourses and practices construct models of the psychosocial is by establishing a relationship between the disaster and the generation of psychological processes. This relationship, which asserts that disasters cause a psychological impact deserving specialised attention, is established in a variety of implicit and explicit ways.

There is a predominance of references that implicitly assert the role of the disaster in the generation of a psychological impact. This is achieved by identifying the population as psychologically affected; by invoking, involving and developing particular psychological expertise and by the timing the psychological intervention after the disaster. Meanwhile, explicit references connect the disaster with the onset of traumatic reactions and symptoms.

In the intervention, two distinctive discourses about the impact of the disaster were identified: a normative and a situated one. The normative discourse is clustered around the notion of trauma, as consolidated in the diagnostic category PTSD and the popular culture on trauma. This discourse prevailed during the first stage of the intervention and was mostly generated a priori of any contact with the targeted population in Venezuela. This discourse was mainly found in the project's original documents and remained distinctive of press releases issued by UNICEF for its international audience throughout the whole process of implementation. It focuses on the individual impact of the disaster, anticipates the emergence of symptoms, dictates the need for intervention and identifies the required psychological expertise. It constructs a standard relationship between the occurrence of disasters and the onset of psychological reactions, generalisable to all populations. A second discourse, which can be labelled as situated, engages directly with references to the affected population sheltered in Fuerte Tiuna. This discourse – pertaining to a second phase of the intervention, after the implementation had been initiated— addresses the social factors positioned as functioning in an adversative

manner regarding what had been prescribed as normal psychological reactions to the disaster. This situated discourse brings up observed conditions of the affected population and refers to the notion of suffering and to collective experiences associated with the losses caused by the disaster, in a way not comprised by the PTSD category. The issue of recovery is elaborated here by reference to social issues, such as the promotion of people's rights.

Although roughly corresponding to the two phases of the intervention described above, these discourses are not completely separate; they coexist and overlap in some texts. Elements of continuity between them can be found in the assertion of typical reactions to the disaster ("normal reactions to an abnormal event"), references to trauma and notions of the subject and society that support the intervention. The transition between them is promoted by the introduction of references to the beneficiary population's social exclusion, which is placed as interrupting what would otherwise be the normal psychological reactions to the disaster as prescribed in PTSD.

The transition –and tension— between the prescriptive and the situated discourse is marked by a shift from references to the 'psychoaffective' to notions of 'psychosocial' processes and dimensions. Underlying models of the psychosocial can be identified by analysing the discourses described above, as these put forward particular processes, structures and subjects and specific ways of relating them.

THE PRESCRIPTIVE DISCOURSE ON THE IMPACT OF THE DISASTER

The prescriptive or normative discourse –which is predominantly framed within references to the "psychoaffective"— constructs the impact of the disaster in terms of trauma, refers to the emergence of symptoms and focuses on the individual as the site for the impact and target of the intervention. This discourse seems to draw from a 'popularised' version of the diagnostic category of PTSD and is usually presented in future conjugations, as what 'should' or 'shall' become of those affected, who are generally referred to in abstract terms.

This discourse affirms a fixed relationship between the disaster and the appearance of trauma symptoms in those affected. These symptoms are described as normal and generalised reactions to the abnormal event of the disaster. This discourse is supported

by claims about the existence of established knowledge on trauma and prescribes psychological processes that should appear in the population following the disaster, claims that are presented before (and in the absence of) any diagnosis of the affected population's psychological state, although prefiguring it.

This discourse is elaborated through implicit assertions of the impact of the disaster, the identification of trauma as a normal aftermath of the disaster affecting the subject's interiority and through references to the diagnostic category PTSD.

The implicit construction of the psychological impact of the disaster

Outstanding amongst the implicit ways in which UNICEF's discourses and practices establish the psychological impact of the disaster are: the use of ellipses that connect the occurrence of the disaster with the implementation of the intervention; the identification of affected people as suffering a psychological impact, without reference to causal mechanisms; the invocation of a psychological expertise specifically required to treat those affected; and the timing of the intervention.

The elliptical assertion of a psychological impact

Elliptical constructions implicitly assert the existence of a psychological damage caused by the disaster by binding together the disaster with the psychological impact, the affected population, the implementation of UNICEF's intervention, and the particular psychological expertise required, without explicitly addressing the causal relationship between them.

In some cases, the production of psychological impact is asserted by linking the disaster with the start of the intervention. This is done *de facto*, by the temporal framing of the intervention, which presupposes and predicates a directionality of the impact, such that the conditions addressed by the intervention are posited as consequences of the disaster. For example, at the start of the intervention a survey was carried out to detect "the first psychological traumas" [T20-PRESS] and to assess the severity of the psychosocial damage, rather than the damage itself [T26-PRESS]. This discourse—which precludes the absence of affectation—plays a central role in the construction of the disaster as a psychological event, while the omissions regarding causality place the issue of the pertinence of the intervention beyond debate.

Discursively, the ellipsis is built by juxtaposing descriptions of the disaster with statements concerning the start (or foreseen start) of the intervention. The contiguity of references leaves a void that can be filled with causal attributions (concerning trauma) available in Venezuelan contemporary culture. For instance, one of UNICEF's first reports about emergency assistance to Venezuela is introduced with a description of the destruction in the affected zones, and follows by sketching the main areas of intervention, amongst which "trauma counselling for thousands of children" [T38-PRESS] was prioritised. Although there was no reference to a psychological damage caused by the disaster, the purpose of reparation implied that psychological loss or injury had taken place.

UNICEF's Situation Reports (SR) make extensive use of ellipses to signify the generation of a psychological impact. In UNICEF's SR No. 1, the description of the material damage (in terms of death, displacement and destruction) was followed by an account of the seven actions taken by the organisation up to that date, three of which referred to psychological issues. SR No. 3 described, amongst initial actions taken by UNICEF's Communication Team, "a campaign aimed to calm down the panic situation among children and adults and to help them handle trauma symptoms and health care" [T24-PRESS]. No information concerning the assessment of psychological damage or panic situations was included in the documents quoted above. In all these cases, references to UNICEF's psychosocial actions, expertise and support functioned to problematise the disaster in psychological terms and to support courses of actions that imply a recourse to psychological knowledge.

This absence of causal arguments can also be observed in the words of the emergency coordinator for Venezuela, when asked for the reasons for implementing a psychoaffective component in Venezuela:

Because of the tragedy...I think that we imagined, and that is effectively the case, that children were going to need the attention, because in front of a tragedy (...) they had lost almost everything! That forced us to give assistance in that psychoaffective area [T43-INT-DES].

The assumption of causality –over which the elliptical arch seems to rest– is also outstanding in the description of UNICEF programme priorities for Colombia. The

project's "working hypothesis" for that country is introduced through the presentation of the following programme questions:

What for, where, how, with whom, when and, naturally, what human and financial resources would be required [T5-DOC].

The absence of the question "why" amongst those considered relevant for programmatic purposes is evidence of the use of elliptical figures and of the collusion between the project's discourse and the dominant discourse amongst its audience on the issue of the traumatic impact.

The lack of conformity between the description of what has been damaged and the claim of a need for psychosocial recovery and, appears in stark contrast to UNICEF's references regarding the material dimensions of the disaster, in which such links are clearly established.

Descriptions of the material dimensions of the disaster are used to support elliptical constructions of the extent of its psychological impact. References to the enormity of the 'difficulties' confronted by the affected population take the place of a psychological diagnosis to justify UNICEF's activities in the psychosocial area [T3-DOC]. Although no explicit proportionality is established between the material and the psychological impact, such descriptions suggest a dose-effect relation.

In other cases, discourses establish a relationship between particular qualities of the disaster and the emergence of psychological damage, without a clear causal explanation.

Boys, girls and youngsters can now count on a daily attention to confront the psychological attention of the tragedy [T34-PRESS].

In this case, the attribution of a psychological dimension to the disaster is achieved through a discursive transposition of the disaster with those affected.

The construction of the population as psychologically affected

The emergence of a psychological impact is also –with varying degrees of certainty, ranging from probability to inescapability— through the construction of the population as psychologically affected. While one UNICEF report described the intervention as aimed at "the emotional damages that could have been originated in [children]" [T13-

PRESS] as a consequence of the disaster, in another, the organisation warns about the “psychological symptoms that will appear in the following days” [T20-PRESS].

The identification between having been affected by the disaster and suffering psychological problems is also achieved by referring to children as being “traumatised” or “in need of psychological attention”, alongside references to the “affected population” or to “children affected by the disaster”, in such a way that they appear as interchangeable terms. The quantity of affected children is sometimes equated with the amount targeted by the intervention. For example, UNICEF’s SR No. 1 announced that the organisation had set apart materials to allow “for simultaneous psycho-social (sic) rehabilitation sessions coverage for 5,000 children” [T22-PRESS]. In a press release of December 21, UNICEF stated that:

Thousands of children will likely be in need of psychosocial support to recover from the trauma of witnessing so much devastation and loss of life [T39-PRESS].

Meanwhile, in its emergency appeal for the intervention in Venezuela, the target of its “Psycho-Social Trauma Counselling” was described as being “6,000 children in need” [T40-PRESS].

The identification of children in Fuerte Tiuna as psychologically-affected was also constructed through the statement of the intervention’s goals, which referred to a high proportion of the population –70% of the children in the shelter [T7-DOC]— rather than to those diagnosed as traumatised. In a SR of June 2000, the provision of “counselling [to] 378 children, or about 70 percent of the children living in Fuerte Tiuna” [T36-PRESS] was cited amongst the intervention’s achievements. None of those children had been described (in the same report) as in need of counselling.

Most estimates about the amount of affected children were made before the project personnel had contact with the beneficiary population, and UNICEF never disclosed the basis for its calculation or explained the gap between the six thousand children initially targeted and the three hundred and seventy eight finally declared as beneficiaries.

This provision of (generally large) numbers of psychologically affected children appears to respond to the assumption of a generalised psychological impact of the disaster. This is explicitly stated in the Volunteer’s Handbook, according to which “all children affected by those phenomena need help: not only physical, but also emotional help”

[T4-DOC]. It is also expressed by UNICEF's official in charge of the emergency intervention, who –in response to my query regarding the emergence of the project— explained:

I think that institutionally a diagnosis is not done of the...in short, I believe that the need to do psychoaffective attention is established as a general criteria, because we assume that after a tragedy children are going to need psychoaffective attention [T43-INT-DES].

One of the principles of UNICEF's intervention was that “the service goes to the child, and not the child to the service”, so as to privilege the community setting and include children as beneficiaries regardless of their awareness about the process:

Children don't easily identify the need for help. Then, we simply put it there, we put the scenery, we set up everything, so they can be helped although they don't know they need it (...) Children need help and they aren't going to say “lady psychology, could you help me?” Not at all (...) It is not that you look for help, but they go to help you, and it is a process in which we allow you...or take things very easy so you can express something for which you don't know that you need help [T47-INT-IMP].

In this respect, the generation of a demand for psychological attention is presented as an achievement of the intervention, as referred to by a military psychologist who mentioned –amongst the positive changes of the population— the forty percent who had voluntarily requested support from psychologists.

The identification of the affected population as psychologically damaged displaces the psychological diagnosis as selection criteria and privileges the most favourable operational and institutional conditions for the implementation. As the Red Cross representative explained: “it is not that the population of Fuerte Tiuna was selected; the thing is that Fuerte Tiuna is the place with a semi-permanent population (...) it is the one with the greatest amount of ‘damnificados’” [T42-INT-DES].

The collective character of the intervention further reinforced this construction of the population as psychologically affected. While all children were treated as potential beneficiaries of the programme, a focus on individual cases was rejected as inappropriately reflecting the nature of the impact:

There might be cases that deserve an individual attention, but we believe in group attention (...) children are going to be there, and whoever wants to help them will be able to help them. But if you are waiting for them to be brought to you, what is

going to arrive are extreme cases and the rest of the population also needs help in this situation [T47-INT-IMP].

This construction of the population as psychologically affected was supported—in turn—by the extension of the intervention to adults as well as children.

Invocation of psychological expertise

Another means to construct the psychological impact is by asserting the expertise demanded for the intervention. The disaster is signified as a psychological problem on the basis of the knowledge that psy-experts—and their particular way of interrogating reality—could provide to those affected. This was reinforced in practice through the great visibility of the mental health experts involved, by virtue of their presence in the media and their activity within shelters, where their offices were often clearly identified and their services publicised to those affected.

At the same time, the action of psychologists was frequently aimed at making visible the psychological impact of the disaster, through information and awareness-raising campaigns. These included training communities on the “special emotional and psychological needs of children who have suffered through an emergency” [T36-PRESS] and on UNICEF’s methodology devised to address such needs.

While in some cases, the professional value of psychologists was associated with their knowledge of matters such as pain and loss [T7-DOC], in others, their diagnostic capacity was highlighted, particularly in identifying “in which behaviours (...) to intervene the fastest” [T53-INT-IMP].

A series of institutional initiatives furthered this problematisation of people’s condition in the light of psychological expertise. These included training sessions to promote UNICEF’s perspective on the issue, the establishment of inter-institutional networks with Venezuelan psychological associations, the provision of support to psychological services within Fuerte Tiuna and the reproduction and distribution of materials on psychoaffective (or psychosocial) intervention. Training occupied a central place in UNICEF’s capacity-building strategy and it entailed the transference of knowledge, prestige and authority, by which those inducted could support the claim ‘I know’. It also promoted UNICEF’s perspective over competing points of view, an effect identified by the emergency response coordinator when he mentioned that “maybe it [the training]

limited the possibility of debate, but the debate is open..." [T43-INT-DES]. The transference of knowledge was considered as a means to promote the sustainability of the project. However, the financial resources available to UNICEF were not transferred to the professional network generated by the training and the responsibility, attributions and influence to which such resources were tied remained out of the scope of local professionals.

Discourses referred to varying amounts of psy-experts required for the intervention, ranging from "a small delegation of adolescents and experts from Colombia" [T22-PRESS] to the staff of 200 schools whose preparation by UNICEF included "psycho-social counselling" [T36-PRESS] and two thousand "experts, psychology students and volunteers" [T21-PRESS] that were mobilised by the Ministry of Education "to provide psychosocial counselling to children affected by the tragedy" [T21-PRESS].

The lack of psychological expertise to deal with the consequence of disasters was presented in UNICEF's documents as a knowledge deficiency that societies must overcome to adequately respond to people's needs. For example, documents stress how, despite the protracted armed conflict, Colombia "has no Faculty of Psychology or Institute specialized in treating children affected by armed conflict or natural disasters" [T5-DOC]:

It has schools and institutions that produce psychiatrists, psychopedagogues, psychotherapists and psychologists who carry out individual clinical, educational or therapeutic analyses with children suffering trauma, dysfunction, emotional problems and dyslexia, but they do not produce professionals trained to provide mass treatment for children affected by forced displacement, "coca marches", massacres, earthquakes, landslides and floods [T5-DOC].

In this way, the expertise required configures the object at which such expertise is aimed as a collective impact of psychological character.

Timing of the intervention

The particular timing of the intervention implicitly supports the existence of a causal relationship between the disaster and psychological damage. UNICEF's intervention started on December 17, 1999 (two days after the main events of the disaster had taken place), while the actual implementation in Fuerte Tiuna was launched in the first days of January. By intervening immediately after the disaster, UNICEF's actions suggest that

the psychological hurt caused by the disaster demands immediate response. This idea of the intervention as a response to an impending need is found in several of documents. For example, psychosocial attention was described as being “of urgency”, [T6-DOC], while the intervention in Venezuela was depicted on several occasions as a form of “psychological first aid” [T42-INT-DES].

Trauma and the location of the impact in the subject’s interiority

The idea of “trauma” as a normal and expected outcome of the disaster is central to the construction of the impact within this prescriptive discourse. This notion is fundamental for the establishment of treatment strategies, as stressed by the Red Cross representative, for whom it was crucial

To see the person as a traumatized person and not as a pathology, as other specialists wanted to see it during the first moments... [T42-INT-DES].

This prescriptive discourse positions the population according to a set of standards to which it is expected to conform, regarding traumatic reactions of symptoms, stages in their development and expertise required for their treatment:

What is claimed is that from 100% of the people that have gone through a traumatic event, more or less between 80 and 90% of them will return to their normality as it was before the disaster. The other percentage will have to be [treated with an] intensive therapy, because maybe that population already came with an amount of emotional commitments, psychological and so on, that made them lose more balance with the situation [T42-INT-DES].

The impact is described here as taking place within the individual and having its manifestation in a series of reactions presented as “symptoms of trauma” [T35-PRESS]. The focus on symptoms places the individual’s interiority as the privileged site for the impact as well as the target of the recovery process promoted by the intervention [T24-PRESS]. This location of the impact in the subject’s interiority is established, for example, in the observation files used to gather a baseline measurement of the condition of children in Fuerte Tiuna. The records [T7-DOC] covered the behavioural, affective, physical, relational and cognitive aspects of children. Additionally, evaluators gathered drawings and each kept a weekly log of their experience, including the difficulties and achievements in their interaction with children. According to this baseline measurement, seventy percent of children presented “aggressiveness, transgression of norms, irritability, use of bad words, challenges and lack of habits”. Affectively, children were

described as “highly expressive (...) sentimental, attached to the volunteers, exaggerating their emotions either [when being] upset or sad”. In the physical aspect, children were described as suffering skin problems, asthma and diarrhoea, although most were generally classified as “healthy”. Regarding the relational aspect, 60% of the records describe children as enjoying sharing and participation with other children, while 40% describe them as being non-friendly, prone to fights, daring and disliking to share. In the cognitive aspect, 90% of the records mention children’s difficulties to concentrate and follow instructions. According to the report, the free drawings were marked by the presence of anxiety indicators in the form of blots, stains and shadows:

The drawings show little integration, with disperse elements that ‘hang’ on the paper. Typical is the drawing of a great amount of elements from nature (...) and later everything is shadowed (...) It is worth noting that approximately 80% of drawings contain water, clouds, rain, mountains and houses, and are accompanied by verbalisations that curiously leave aside aggressiveness and, on the contrary, reveal feelings of sadness, resignation and pain such as: ‘It started to rain again, and lightning fell on my house. This is the beach and the waves came. The sun was left hurt, they shot him with a gun’ (child 11 years-old). ‘The river came and caught the first, it came again and caught the second, came the river and came the third and mine was gone’ (child 11 years-old).

The report continues by outlining the predominance of dark colours and the drawings of dead people, which were identified as:

A clear expression of the feelings that characterise the process of mourning: sadness, guilt, rage, angst, repentance, desperation... [T7-DOC].

Although the baseline record comprised a variety of instruments, the drawings are treated as representing more faithfully children’s real inner emotional condition:

*In general terms, **the review of the drawings generates feelings of sadness and shows the suffering of children that cannot be perceived superficially, but that is doubtlessly present there**, and that is also importantly reflected in the narratives that children make of the situation lived, some of which was transcribed by the promoters and volunteers on the back of the drawings [T7-DOC] (emphasis added).*

It is precisely in this interiority (not apparent or readily accessible as the overt behaviour of children) where the real impact of the disaster seems to lay. While presenting the subject’s psychological structure as organised in terms of layers –the most complex things laying on the bottom and the simplest ones remaining on the surface— the discourse constructs the treatment of affected children as related with the issue of

accessibility, whereby specialised knowledge is required to uncover the multiple layers under which the true condition of children can be found.

The baseline measurement appeals to children's drawings to emphasise the issue of suffering attributed to the disaster, while displacing the importance of violence and aggressiveness as recorded in the observation files. The conclusion, however, brings forth structural issues not covered by any of the instruments employed for the measurement:

*We find in Fuerte Tiuna a population of girls and boys that after a month and a half of the tragedy appears affected by it. The records reveal an internal dynamic of suffering in children. The drawings allow us to see the pain and the resignation, but also the desire to develop adequately and achieve the desired "liberty" from their living circumstances (...) At the same time, direct observation (...) allows us to characterise children as impulsive, aggressive, having little tolerance with the norms, with little habits and difficulties for attention, concentration and follow up of instructions. Meanwhile, the daily contact reveals a life situation marked by social exclusion and the lack of respect for their rights. With the integration of all these aspects it could be assumed that the behaviour of children living in the shelter responds to the experience lived during the tragedy, **but also** to previous variables related to life circumstances in conditions of social marginalization [T7-DOC](emphasis added).*

While the reference to trauma functions to build an identity between those affected, whose experiences and condition can be described by the single reference to this diagnostic category, the introduction of the issue of children's social exclusion inserts a disruptive factor according to which expectations of psychological damage cannot be exclusively attributed to the disaster. In this way, a prescriptive discourse that creates the conditions to technically deal with trauma as an independent dimension—abstracting social, cultural or historical specificities— finds in the reference to the structural a contradiction to the position of subjects as holders of universal psychological processes that stand and can be understood and interpreted with exclusive recourse to the notion of trauma.

PTSD as a normal reaction

The prescriptive discourse on trauma turns symptoms—usually indications of disease—into signals of normality. Within this framework, PTSD ceases to be a disorder and becomes evidence of a psychological order in which causes and consequences appear neatly tied:

The post-trauma syndrome that appears as a normal reaction to abnormal circumstances, both in children and adults, should be treated quickly and opportunely [T5-DOC].

Discourses describe the use of PTSD as aimed at ‘normalising’ people’s reactions, as opposed to pathologising tendencies within psychological and medical disciplines. However, by ‘prescribing’ a disorder after an extreme event of collective nature, post-disaster situations are configured as apocalyptic scenarios, according to which they would entail massive mental health tolls requiring the immediate intervention of a large amount of specialists. References to the “mass-trauma caused by the disaster” [T31-PRESS] are reinforced by the targeting of thousands of children [T37-PRESS, T39-PRESS], the provision of support to adults and children alike [T40-PRESS], the training of hundreds of school staff [T36-PRESS] and the participation of dozens of experts.

The indistinctive identification of affected children as victims of the disaster and victims of trauma assimilates the traumatic impact with the traumatic event, while the term trauma is employed to refer both to the disaster and to its attributed psychological consequences. This identification dissolves the link between the event and its impact and supports a lack of elaboration on the relationship between one and the other. The transposition of the traumatic situation and the traumatised subject makes it difficult to distinguish whether references to the “trauma of the tragedy” [T16-PRESS] refer to the event or to its impact on those affected. This also operates in the construction of the targeted population, whereby the generalised existence of trauma is reinforced by references to those sheltered as “traumatised children” [T14-PRESS, T22-PRESS, T30-PRESS] or “traumatised boys and girls” [T34-PRESS].

In what appears as a literalisation of trauma, the psychological damage caused by the disaster is occasionally referred to as “lesions”, a medical term usually employed to identify wounds or physical injuries. This body imagery accompanies and supports assertions about the importance of “healing the hurts of the catastrophe” [T8-PRESS], where the immediacy of the intervention seems to be related to (and justified by) the representation of trauma as an open wound that demands urgent treatment.

In chronological terms, the prescriptive discourse on the impact of the disaster was characteristic of the original documents employed by UNICEF, although it remained a

predominant feature of UNICEF's press releases throughout the whole of the intervention.

In relation to this discourse on the traumatic impact of the disaster, it is worth quoting one of UNICEF's press releases [T32-PRESS] issued during the first days of the disaster, in which the different features of this trauma model constructed by UNICEF are assembled in a single text. Of particular interest here is the location of trauma in the individual's interiority and how this leads to a focus on the actions of the child and his immediate context. The report, entitled "A strange case of trauma bringing back hope in Caracas", was published in English and referred to the story of Enrique, an adolescent boy victim of the disaster. The report recounted a "unusually difficult case to solve" encountered by a judge in charge of the reunification of families separated during the emergency:

Until now, Judge Moreno did not have to deal with amnesia. And that is exactly the case of Enrique Curiel, an 11-year-old unaccompanied boy who couldn't remember his name, where he used to live, or even worse, who his parents were, or if there were any of them surviving this natural disaster (...)

Given his unusual forgetfulness as probable result of an intricate trauma, Enrique would have been moved to any of the 95 collective shelters in Caracas without a sign of adolescent protestation. Loss of mind was thus a one-way ticket to an exciting, unique adventure out of the nightmares that others were reviving, second by second (...)

An abrupt turn and a growing gossip and there was Judge Moreno, shedding a happy tear as she welcomed Carmen Antonia, a 35 year old woman who claimed she had finally found her lost son. Still, amnesia did not help much on unravelling this dramatic momentum. The woman cuddled her son in the way of a strange trance that was far beyond human understanding. Silence covered the scene.

In the text, the impact of the disaster is constructed in the link between the tragedy and Enrique's mind. Enrique-the-child –the individual child, presented in lieu of the quintessential child— is located as a site of the impact just to the extent that it is in his mind (as an a-historical and abstract entity) where such impact has taken place. At the same time, his loss of mind, the intricate trauma, his forgetfulness and nightmares configure a web of spaces that are abstracted from structural conditions, collective processes and cultural specificities.

Within this discourse, the term "psychoaffective" simultaneously designates the nature of the problem, the type of effects, the character of the intervention and the expertise involved. It also describes the impact of the disaster in the individual's internality and

seems to call for clinical strategies focused on specific sectors of the affected population.

During this initial phase, goals of the intervention concentrated on child-focused emotional issues, which remained a priority throughout the two phases of the intervention. These goals dominated the intervention as originally designed and provided a distinctive identity to UNICEF's intervention in Venezuela. Specific emotional goals referred to expression, strengthening, overcoming or recovering of emotional functioning. In the case of adults, these goals were specified as emotional recovery, regaining internal and chronological balance, catharsis and stress reduction. In the case of children, they aimed at the restoration of emotions deemed appropriate for childhood. In this sense, the intervention is described as a "formula for joy" [T33-PRESS] aimed at "reinstilling happiness in children" [T5-DOC], as if it were to re-infuse children with the matter they are made of.

Another group of goals referred to confronting and overcoming trauma, sometimes identified with promoting forgetfulness [T10-PRESS] or deletion [T16-PRESS] of the event through a cognitive process that involved removing the imprint of the disaster from children's minds, sometimes through substituting bad memories "by other thoughts" [T11-PRESS]. A newspaper report on UNICEF's intervention summarised this idea in its headline: "Playing for forgetting" [T10-PRESS], while another explained that children would "undergo a collective therapy in order to delete the trauma of the tragedy" [T16-PRESS]. In this context, play is presented as a source of renewed and positive memories to supplant the negative ones generated by the disaster.

Play: between therapy, education and recreation

The focus on play was characteristic of the original project and remained so despite the aggregation of social components during the second phase of the intervention. It was constructed within a variety of contexts: therapeutic, educational and recreational. As a therapeutic means, play is employed in the detection of psychological traumas and in their treatment, in the form of 'ludic therapy' that placed the activity within a mental health framework:

UNICEF's methodology is based on non-clinical patterns of assistance to children by consolidating groups of play therapists working under strict professional guidance [T30-PRESS].

The therapeutic function of play is explained in two different ways: as emerging from the re-enactment (or literal portrayal) of the traumatic event or as resulting from the symbolization and integration of the disaster into children's symbolic world. The child's liberation from the trauma seems to be associated –in both cases— with its depiction to an external other.

References to play as re-enactment present the activity as providing children with the opportunity to project their interiority, the disaster or feelings and memories associated with it. Play appears as facilitating children's expression, in the sense linked to *exprimer*, pressing or squeezing out what is inside. This role of play in discharging what is inside is emphasised in one of UNICEF's reports [T31-PRESS]:

At least students, and especially the youngest, now have valid implements to represent their feelings on paper, and we can help them portray ways out of their own crisis and fears, a young female teacher said.

Play is constructed here as a sort of performative action (rather than an interpretative exercise), whereas children's activities are presented as the unmediated expressions of the interiorised disaster, as 'acting out' the 'raw' event that has gone unmediated inside them, where it remained stored unchanged. This discourse transforms the 'as if' of the subjunctive tense, into the 'is' of the indicative tense (Phelan, 1993). That is, the recounting of children's experience (trauma) does not constitute a reconstruction of the events, but their re-presentation, as a form of exteriorisation that assumes an unmediated transit between the inside and the outside:

After the earthquake in the coffee-growing region, the children covered the dolls with debris, rescued them, transported them and buried them. The dolls help them let their feelings out, telling in a simple but direct manner the happenings experienced during the traumatic event [T5-DOC].

Psychological and social structures remain absent in this relationship between the subject and the disaster, while the abstraction of an intersubjective space that marks the specific cultural and social location for the subject denies play any symbolic function. According to this discourse, what is re-enacted is not the experience of the disaster (which would entail a transformation of the event by its subjective associations), but the event itself. References to water, dead people and mud in children's stories or play are considered evidence of the intervention's effectiveness as if those elements have been

effectively extracted from children's interiority. In this context, it is possible to appreciate the particular value attached to drawing as a way of accessing children's interiority, in the light of their limited access to verbal expression.

Play and drawing are sometimes attributed symbolic functions, such that the representation of small animals, the predominance of dark colours and the absence of plants were taken as evidence of children's sadness, while the presence of suns, smiles and the use of colour were taken as signals of children's recovery. Drawings such as the ones presented in Insert 4 and Insert 5 were taken as quasi-literal depictions of children's internal states. The first drawing was produced as part of the baseline measurement to support the need for UNICEF's intervention, while the second –taken during the last weeks of the programme— was presented as evidence of UNICEF's success.

An exercise in which drawing had a clear symbolic function was the depiction of the 'three times', in which children were asked to associate past, present and future to animals and objects:

The guideline was to draw something about the past, the present and the future. For most of these children the future was a bird. A child, L., reflected herself in a doll with long hair and a short skirt 'because I would always like to be like that'. While, D., who was a street child, illustrated the three times with a chicken, a vault and a worm [T11-PRESS].

A different construction on the functioning of play as therapeutic device is put forward by the proposed use of toys provided as part of the "Knapsack of Dreams" to support a "cure by suggestion". According to the Volunteer's Handbook, parents could use toys to cure "problems of psychological origin such as somatization and physical pain" [T4-DOC]. This cure was to be carried out through the use of little dolls that are to be presented to children as having the power to take away their pain:

The "cure" by suggestion can be handled by the mother or the person that takes care of the child. That person can say, for example: "I know how to finish with your pain. Before you go to bed, I will place one of these little dolls from this little bag (knapsack) under your pillow, and tomorrow [the doll] will have disappeared, because it will have taken with him your pain" [T4-DOC].

This cure by suggestion denies the reality of children's pain (thereby the 'cure' between quotation marks), which seems to be in contradiction with the normalising goal of

validating children's feelings and experiences. The children's affliction is treated as resulting from their condition as psychologically receptive subjects, the same condition that makes them susceptible to that form of treatment. The recommendation of suggestion as cure creates doubts about the reality of children's trauma, while confirming –by the same token— the hypnotic power of external events or subjects over children's psyche.

The value of play as a therapeutic device is also presented as stemming from its double role in the recovery of childhood: through the extrication of un-childlike contents and emotions and through the practice of childhood itself as embodied in play. Through play children simultaneously enact the main signifiers of childhood –joy and happiness— while putting outside 'contaminating' contents.

Positioning play as a therapeutic activity –while rejecting its identification solely as a form of recreation— was fundamental for UNICEF's legitimacy within Forte Tiuna vis-à-vis the role of other institutions such as the military. This differentiation between play and recreation is presented as fundamental in distinguishing UNICEF's work from "something recreational" [T47-INT-IMP]:

We had to 'sell' this as something that was really a process of attention [T47-INT-IMP].

Promoting play as therapy implied identifying the personnel involved as "therapeutic agents". While not all participants accepted this identity, education appeared as a more readily accepted function, while recreation (which implied promoting enjoyment and fun without finality) was generally rejected. While the press sometimes refers to UNICEF's work as "recreational activities and games" [T33-PRESS], the 'seriousness' of play is vindicated by those in charge of the intervention against the opinion of other personnel (like teachers) who did not seem to value the project's activities in the same way. The problematic lack of seriousness of play is contested by connecting its importance with that of education, through highlighting its value in the acquisition of knowledge or abilities, such as psychomotor skills [T52-INT-IMP].

In some texts, these three different forms of constructing play (as therapy, as education and as recreation) are merged:

What we want is the psychoaffective recovery of these children through peer

education. In what way? In the form of ludic therapy [T42-INT-DES].

The diverse positioning of play within the intervention appears also in the way children describe this activity and its intended impact upon themselves. Sometimes, children refer to play as an entertainment service provided by UNICEF, and they associate it with limiting their available free time, while in other cases they present it as subjecting them to an educational process within which the acquisition of habits and the re-assertion of obedience as a regulator of their relationship with adults is emphasised:

Q: What are the people from UNICEF and Scouts here for?

C1: To play...

C2: To play with children...

Q: What is that for?

C1: To make many things. To distract children also. To make many things and learn from UNICEF.

Q: What have you learned?

C1: To make drawings, what is past, future, present. They taught me to share with the little children with whom we didn't talk before...

Q: Well. What else?

C1: To study, to make many things, to cut paper.

C2: To respect the older people...

C3: To study for learning...

C1: Not to fight, to be obedient...

C2: To help smaller children...

C1: And to be obedient of people older than us...

C2: Also to respect, to behave well in the school, to study and to pass the class. To respect the older mothers, parents, to obey [T55-INT-BEN].

Amongst emotional goals, the expression of emotions and contents associated with the disaster –sometimes described as catharsis— occupies a central place. This is presented as a means to place ‘outside’ what is held ‘inside’ by the subject, providing an opportunity to validate emotions and experiences [T34-PRESS] by treating them as real and relevant. The notion of catharsis is associated with the restoration of balance, which constructs the subject’s interiority as constituted by volumes and vectors which can be oriented towards the future, positively or negatively charged, too full or too empty. In this sense, the intervention would aim to restore the internal equilibrium between these factors, in a space in which time and ‘charges’ (+ and -) are mutually compensating.

The reconstruction of the temporal sequence between past, present and future is one of the aims afforded the highest priority in the intervention. This goal seems to build upon the idea of the disaster as fixing people in the event, that is, in the past. This goal of

temporal restructuring would aim to restore “a temporal logic to [events] and reconstruct what happened, clearly defining causes and effects in order to be free of false guilt” [T5-DOC].

Another goal is the reduction of stress, sometimes referred to as ‘post-traumatic stress’, although not always strictly defined within the PTSD framework. A central means to promote this goal is by reassuring those affected about the normality of their reactions or symptoms [T5-DOC].

Trauma, as an object of identification, remains ambiguous in these texts. Since discourses construct an identity between traumatic event and traumatic impact, the criteria for identifying cases meriting referral is sometimes defined as the gravity of children’s psychological symptoms and, on others, as that of events they had experienced. In both cases, children’s condition is referred to as an ongoing one, as trauma (from this perspective) is simultaneously the permanently re-experienced event and the characteristic symptoms such an event produces.

In UNICEF’s intervention, this discourse is interrupted by considerations about how the social conditions of those affected mediate the prescribed traumatic impact of the disaster.

THE SITUATED DISCOURSE ON THE IMPACT OF THE DISASTER

During the second stage of the intervention, a discourse situated on the specific conditions of people sheltered in Fuerte Tiuna is elaborated mostly by local personnel working for UNICEF. This discourse introduces references to the collective impact of the disaster in terms of suffering and theorises the role of social networks and of people’s extreme poverty in mediating the psychological impact of the disaster. Within this discourse, the condition of social exclusion of the population in Fuerte Tiuna is placed as an adverse factor regarding the psychological impact as prescribed in the previous discourse. Although both discourses appeal to the notion of the ‘traumatic’, the situated discourse frames it within references to the “psychosocial”.

By identifying this discourse as ‘situated’, I want to emphasise how it recognises, embraces and aims to elaborate the collective destitution of people in Fuerte Tiuna,

which remained invisible in the prescriptive discourse. While the prescriptive discourse was objectively situated by its articulation with the conditions provided by the disaster, these conditions were not incorporated as a relevant factor for the discourse. In terms of practices, the emergence of the situated discourse seems to be linked both to the contact with the population in Fuerte Tiuna and to the availability, by interveners, of critical resources within which people's poverty and exclusion could be elaborated.

In the situated discourse, social aspects incorporated are presented as functioning in two different directions: either as moderating the expected impact of the disaster or as being temporarily overshadowed by the traumatic impact. Social networks –sometimes referred to as “emotional support networks” [T42-INT-DES]— are presented as buffering factors regarding the traumatic impact of the disaster. They comprise community members, shared beliefs and subjective worlds (as embodied, for example, in religion) and are considered as facilitating the psychological recovery of affected people [T42-INT-DES]. In other cases, people's personality and social traits (‘their real nature’) attributed to the exclusion and marginality are presented as initially overpowered or masked by the traumatic impact, to re-emerge once the initial shock of the disaster disappears.

People's social condition introduces a fundamental disruption in the prescriptive discourse, including the temporal and spatial frames of UNICEF's object of intervention. The issue of poverty and exclusion of people sheltered in Fuerte Tiuna – visible in their bodies and evident in their marginality regarding decision-making processes concerning their living conditions in the shelter and their future re-settlement— were raised by interveners in order to speak of a history of destitution and disenfranchisement of which the situation in the shelter was a trace. These conditions were presented as situating people in a history that surpasses the disaster, which is identified amongst the variety of negative events affecting those sheltered in Fuerte Tiuna [T11-PRESS].

This situated discourse shifts the focus from the issue of trauma as located within a mental health narrative to the issue of suffering (referred to as unhappiness, sorrow, pain, dejection, sadness, affliction and grief) as elaborated by reference to the collective meanings and implications of the disaster. Within this discourse, children's suffering is described alongside other negative conditions associated with their social situation,

rather than being singled out as the problematic one. These references to suffering are sometimes embedded in notions of Human Rights and their impossibility in the present North-South relations [T5-DOC].

The adverse effect of people's social exclusion on the prescribed impact of the disaster was first established through their qualified condition as victims (by comparison, for example, to the middle class); was also attested in the construction of the disaster as a positive event when compared with the previous living conditions of those sheltered in Fuerte Tiuna; reinforced by an assessment of the life in the shelter (as a "recess" from the life in the barrio [T46-INT-IMP]) and is finally stated in the description of the psychological processes following the disaster. In this sense, the restorative purpose of the intervention is complicated by the way in which the interplay between social factors and the psychological impact of the disaster is constructed in the discourse:

We were talking that in the first crisis the shock is of the person, but already in the second phase, contacting with reality...then the person starts to demand and to want and the cognitive disorganisation continues. That doesn't allow them to organise to have group goals, community work, and then other consequences start, the fights, the conflicts, and again the part of their personal history that they bring from before, of aggressions, of how they were in their lives (...) This forced community cohabitation, in these installations, is problematic. Then, here starts to emerge, right now, in this second crisis, how they really are [T50-INT-IMP].

In this discourse, traits associated with people's social exclusion are placed as competing with the traumatic impact of the disaster, although their final prevalence seems to reveal their structural character. In this context, the situated discourse asserts that the 'normal' traumatic impact of the disaster has been disrupted by the condition of poverty, violence and exclusion characteristic of those sheltered in Fuerte Tiuna. These conditions (rather than the traumatic impact) become thus the focus of the 'social' aspect of the intervention.

By bringing into the discourse issues such as poverty and underdevelopment, the references to suffering are placed outside the traditional psychological realm and its focus on the individual's mind. The social, in this context, is variously constructed as contextual or constitutive, and this difference is expressed as a difficulty to integrate the psychological and the social in the definition of subjects, goals and activities. For example, when asked about the prevalence of PTSD amongst those affected, one of the

coordinators presents an explanation that supports the separation between the social and the psychological:

Q: You talk about post-traumatic stress and I wonder how much post-traumatic stress there really is?

A: Yes, I mean, I say post-stress (sic) for some general symptoms, of insomnia, nightmares, fear of water, some things that can be very much like in a handbook, no?. Maybe yes, in that sense, if we had delineated so much, like if I said 'our goal was to make children sleep better'. Well, yes, that could have been achieved, but it is not our sole goal. I mean, we had not posed that to be our only goal...because...we extended a bit more in the social part, and the social part has an amount of variables that are not in the traumatic [T47-INT-IMP].

The displacement of the individual as the fundamental site for the impact of the disaster (and the privileging of the collective) challenges the pertinence of a psychological intervention as traditionally understood and questions the identity of helpers and affected as initially framed within the intervention:

Q: Why do psychologists intervene in the disaster?

A: Because there is an effect over the individual, over the psyche of the individual...I mean, there is a change in his behaviour, there is a rupture (...) thereby the need for psychological assistance, but that it can't be...the problem is common to all the affected and it transcends the individual towards the social...well, I am a sociologist [T43-INT-DES].

The situated discourse refers to the worlds of meaning particular to those affected in order to signify the disaster as a lived experience, within which significations are simultaneously diverse and shared in a social space materially and subjectively specific to the affected group [T2-DOC]. In this context, the displacement of psychological categories (such as PTSD) is accompanied by an appeal to everyday language in order to theorise people's condition. This, in turn, reinforces the reconstruction of the intervention's object: as sadness, sorrow and suffering provoked by the disaster are less clearly placed in individual subjects and their (autonomous) minds and are located instead in less 'tangible' or 'stable' entities, such as the heart, the soul, the social threads that support the collective memories and the substance of their dreams. The intervention's aims are redefined in line with these new references, as directed at softening "the wounds in the hearts of the weakened" [T33-PRESS], helping to cure child's "souls" [T15-PRESS, T5-DOC] and recovering the joy that vanished "on a cloudy and dark day of December 1999" [T18-PRESS].

Within this discourse the population targeted by UNICEF's intervention in Fuerte Tiuna is not mainly described as "traumatised children" but as "disheartened children" [T33-PRESS] or saddened survivors who saw their dreams suddenly broken [T32-PRESS]. This construction of children was contested by Scouts, who rejected the intervention's logo of the tearful child as distorting the real condition of children in Fuerte Tiuna. According to institutional documents, this discrepancy could be attributed to the non-apparent character of children's grief, as illustrated in one of the organisation's feature stories, according to which:

...nothing really seemed to unveil the sadness and affliction of children that saw their homes being washed away by heavy rains just one week before Christmas [T33-PRESS].

In the discourses, the loss of joy (and the appearance of sadness) is identified with the cessation of childhood, of which joy is presented as central attribute. This assertion of the corruption of childhood was supported by the interpretation of children's drawings in which the use of dark colours and the representation of death were presented as embodying children's internal condition. Interestingly, the re-instatement of joy – evidence of the project's success— was publicly demonstrated by children's play, as journalists covering a press conference of UNICEF's psychosocial programme could witness after being invited to observe beneficiary children playing in a field adjacent to where the final press conference had taken place. The transition from children's drawings to children's bodies (and its kinetic display in the form of movements, laughs and smiling faces) as signifiers of their initial and final condition seems to correspond to the concealed nature of sadness and the self-evident character of happiness¹¹. This discourse about the loss of joy is reproduced by beneficiary children, who employ references provided by UNICEF to characterise their situation after the disaster, as in the following extract of an interview:

Q: And do you know why they [UNICEF, Scouts and Red Cross] were here doing those activities with you?

C1: Ummm...

Q: Why? Tell me.

C1: Because we needed it.

¹¹ There also seems to be a moral dimension to the evidence presented in each case. Whereas taking journalists to observe children's sadness would have probably been considered obscene (and would have required a deep scrutiny of the children's state) there doesn't seem to be offence in the display and observation of happiness.

Q: And why do you need it?

C1: Because we were very sad...

C2: To make how the project said, to return us the joy [T57-INT-BEN].

This adoption of the intervention's goals regarding joy as an external reference for children's self-evaluation is apparent in another interview, in which children explain the name of the intervention, by saying:

C1: After what happened, all our mood, everything, we had them far away.

C2: I was feeling bad...

C1: That is why it was called the return of joy, to return us the smile [T57-INT-BEN].

Children's sadness is attributed here to the losses caused by the disaster, and is contrasted with happiness and joy, identified as emotional states appropriate to childhood. This notion of loss—which refers to the emotional, material and social scopes— compounds with a history of destitution that the intervention's purpose of recovery addresses in different ways. In the case of children, the restorative action is simultaneously of joy and of childhood, that is, of the real nature of affected children:

Let's return them the joy of childhood. Let's restitute them their right to develop all their potential, with the incentive to participate in the construction of a new community and a new way of life with charity, to start the path towards the future [T34-PRESS].

This situated discourse is not completely dissociated from a psychological framework, in regards to which it is placed in an unstable way. The use of psychological jargon to explain common language questions the possibility of establishing a separation. For example, by explaining that children "were all the time sad and depressive" [T53-INT-IMP], sadness is associated with a psychological condition (depression) that provides additional meaning to it, while both terms are placed in similar order of reality. In the opposite direction, one of UNICEF's booklets pointed out that amongst those conditions that could require specialised attention was "prolonged depression (deep sadness during a lot of time)" [T2-DOC]. In this case, a psychological term is explained by reference to the experience-near notion of sadness. In the same sense, it is possible to find overlapping references to trauma and suffering, as the latter has come to be signified by association with a psychological discourse. In the Venezuelan context, this is supported

by the high value of trauma in providing social intelligibility to extremely negative experiences.

During the second phase, the intervention was framed within notions of the “psychosocial”, in reference both to the structural situation of people and to the collective factors identified as mediating the production of the impact. The reference to the psychosocial implied widening the focus from children to families and communities and rejecting an emphasis on individuals and their interiorities. As the coordinator of the intervention expressed it: “it wouldn’t be enough to circumscribe [UNICEF’s work] only to individualised attention (...) That [individual work] wouldn’t make any sense” [T44-INT-IMP].

While this discourse sometimes recognises people’s collective capabilities and resources [T2-DOC] as located in social networks, the goals of this stage concentrated on the provision of training to raise children’s awareness about their rights, group activities with adolescents and the distribution of leaflets promoting community organisation, all of which focus on the cognitive area.

In this way, despite the transition from “psychoaffective” to “psychosocial”, the project retained individualistic notions of the subjects and contingent views of the social that support dualistic notions of the subject and society, as demonstrated by the definition of the psychosocial provided by the Red Cross representative:

[The Red Cross] defines the psychosocial as that the person is a biopsychosocial being, that has a biological constitution, that moves in the social scope and whose psyche can be perturbed in some ways, in this case by the extreme stressor, as is the disaster. Based upon that conception we say that [the work] is psychosocial support, because it is not simply the psychological. It is also how that human being is inserted in the environment and how this disaster has perturbed all his environment [T42-INT-DES].

This separation between the psychological and the social was expressed in the continuous attention to the mind and the description of the intervention as “a strategy of primary mental health attention” [T7-DOC]. The stability of the individualistic notion of the subject is reflected in the maintenance –both in the prescriptive and in the situated discourse— of references to the emergence of symptoms or reactions as a consequence of the disaster. This is the case of the presentation of the methodology [T5-DOC] in

which the symptoms of trauma are relabelled “psychosocial problems”, without substantively altering the accompanying PTSD checklist.

Goals during the second phase included promoting participation, empowerment, family integration and education. Participation is constructed in a variety of ways, ranging from taking part in group activities organised by UNICEF to generating self-reliant networks based on the internal resources of those sheltered in Fuerte Tiuna. The first construction is dominant amongst UNICEF’s original documents, in which participation is described as the process of requesting and obtaining parental support for the realisation of activities and the achievement of goals established by UNICEF. For example, UNICEF’s Volunteer’s Handbook describes the participatory relationship with the beneficiary community as based upon the adoption of UNICEF’s goals and the condition of communities as a source of assistance for UNICEF’s actions, rather than as partners engaged in consultation and joint decision-making. The consequence of this form of participation is described in terms of empowerment, which is referred to as the appropriation –by the community— of UNICEF’s therapeutic aims and methodology, and their transformation into agents of ‘therapeutic socialisation’:

What we want is to empower families so families may make this attention regularly towards children [T43-INT-DES].

By describing the community’s power as exercised through a role of detection, referral and treatment of affected children –that is, by their capacity as “fundamental therapeutic nuclei” [T1-DOC]— the discourse reifies the value of psychological knowledge as the source of social mastery, while displacing the attention from structural issues that organise the dynamic of social exclusion and inclusion in Venezuela. This role of families as “centres for basic therapeutic socialization” [T5-DOC] seems to be contradicted by the social disqualification of those affected associated with their social marginalization.

While the process of participation is widened through the inclusion of workshops to discuss the conditions in Fuerte Tiuna and the prospects of re-settlement, community integration is confined to family and group activities, described as:

Promoting the development of cultural and folkloric activities as a way of facilitating the necessary family and community integration [T3-DOC].

References are made to the purpose of reconstructing social networks. In this sense, mutual support appears as a practice of social solidarity that compensates for the fragility of people's material resources and the State's lack of capacity and means. Community mobilisation is presented as a resource to interpellate the state for the fulfilling of its social responsibility in a form of political action aimed at promoting structural changes:

Mutual support in the community means organising ourselves and mobilising as a collective to demand our rights and to fulfil our duties, and to look, in an active way, for a solution to our problems [T2-DOC].

Activities promoted in support of these goals tend to adopt an attitudinal perspective on the issue of change, by which the focus on limited group activities (such as workshops) leaves aside considerations about structural conditions within which the people's situation is embedded. These activities transform goals of social change into training contents in a variety of issues such as community mobilisation, UNICEF's methodology, children's rights and trauma. For instance, training on child's rights was presented as a measure to confront violence against children [T43-INT-DES], defining the problem –by such an arrangement— as arising from the parent's lack of knowledge about their children's rights. At the same time, the promotion of child rights was presented in the context of UNICEF's advocacy for children's survival and development [T5-DOC], although dissociated from the structural conditions in which communities live. In the context of this psychosocial discourse, the reference to “life projects” (described as designs of collective and individual life in the context of the conditions imposed by the structural situation) constitutes an integrative proposal.

The shift to the “psychosocial” was supported by the extension of the expert network and the inclusion of a sociologist, a journalist and a social psychologist (myself) to address the new issues comprised by the intervention.

The role of psychologists was an unstable one in UNICEF's intervention. While the role of the clinician was rejected by UNICEF's perspective, psychologists were identified as simultaneously functioning as judges of normality and intermediaries between institutions and the sheltered population. The first position was asserted on the basis of their capacity to detect pathology and prescribe appropriate treatment. It is precisely by

association with deviance and pathology that children identified psychologists (rather than by association with a ‘normalising’ role):

Q: What is a psychologist for?

Child 1: To ask if one is sick, if a child is sick...

Child 2: If he has the head like a mango...[T55-INT-BEN].

Children identified being sick and suffering (mental) deformity (“having the head like a mango”) as conditions meriting the intervention of psychologists. The question remains if this is how they constructed themselves as being perceived by psychologists working in Fuerte Tiuna.

The mediatorial role is constructed by linking the issues of femininity and authority in constructing the hinge between psychologists and those affected by the disaster. While this seems to have worked in the daily functioning of the intervention, in which (mostly women) psychologists negotiated issues with (mostly men) military, colonel Zerpa elaborates this issue by highlighting her simultaneous condition as a woman and as a high-rank military (with possession of command) as a factor that facilitated the acceptance of UNICEF’s psychosocial intervention in Fuerte Tiuna:

I say that it was a luck for us that we were in the team, not for being women, but because, besides (...) I was the only military woman that was there, besides the lieutenant, I think there weren’t any more and we were both psychologists, and we could, being military, impose ourselves, let’s put it this way, to the military, as with the [male] captain here (...) to enter with the part of psychology, because it’s not easy, with the rigid thinking of the military, the discipline, to accept that we invaded them and we are going to put order, and let us do this. You know, there is always a certain resistance. (...) And that is not habitual, because they have a very vertical structure, like two plus two is four, and we were going to change the terms of things [T50-INT-IMP].

The viability of the intervention is presented as facilitated by engaging the femininity of the (military) psychologist with the masculinity of the (non-psychologist) military, and with the capability of functioning as an interpreter of the words of those affected and their presentation to the military in terms of her specific professional knowledge.

The issue of disease (and cure), as pertinent to the role of psychologists is linked by children to the issue of the reestablishment of order:

Q: And tell me, what are psychologists here for?

C1: To take care of children...

C2: There are children that are somehow sick and like to play a lot...

C3: There are kids that like to fight a lot.

Q: And those have to see the psychologist?

C1: Yes, there is a need of a lot of psychologists.

Q: Why?

C1: Because they fight a lot, I don't know what is going on between them that provoke them to fight a lot.

Q: And what is a psychologist for, then?

C1: To be able to help a child, to talk to him, so they can't fight, talk so that they have to be friends to each other [T55-INT-BEN].

Interestingly, this ordering role of psychologists overlaps with the positioning of the military by UNICEF's personnel, for whom the issue of order turns their participation into a relevant condition for the psychosocial processes mobilised by the intervention:

Q: What is the role of the military here?

A: They put order, put order in the shelters. They are also in the process of implementation, but more in the psychological area (...) It has been interesting, because the military have put order, and the order...the imposed order is bad, isn't it? Because it's from above...but the order that the military have imposed finally helps to solve problems of people living together...well, we must incorporate all key actors and agree...we need to know what mothers need, we need to know what are the need of fathers, what are the needs of the family. People behave in one way individually and in other ways when they are in groups [T43-INT-DES].

The hierarchical structure inherent to military order is incorporated into the model of sanity (social and personal) sustained by the intervention.

In this way, discourses highlight the importance of promoting changes in the order of people's values and standards of conduct. This proposal of social and moral rehabilitation asserts that people must be recovered from their marginalized condition, which is identified as a damaged state:

A bit the idea is to recover them so that they... can establish a life based upon positive things, based upon better things [T46-INT-IMP].

The intervention appears here as the site for the induction of better social habits to the sheltered population, as facilitated by the ordered (and ordering) setting provided by the project's personnel and the military. The process of recovery to which this discourse refers entails reclaiming people from their own life to a better one 'in society'. This location of affected families outside social norms is expressed by colonel Zerpa when describing the population as living "like animals" [T53-INT-IMP].

UNICEF's discourse is supported by a risk-prevention rhetoric, that places the intervention as a precautionary measure that anticipates (and impedes) the occurrence of greater damage for the affected population and for the Venezuelan society. This discourse, dominated by the conditional 'if', frames the intervention in the context of a presumed threat should it not take place:

We must give support to this people, mainly to the infantile population, because if these children are left [without attention] ...then when they turn 16, 17 years-old, they have more probability of committing crime or of having more problems, because they have come with this problematic [background] [T53-INT-IMP].

The intervention's aims are formulated in the context of the probable occurrence either of 'emotional scars' or of social problems such as criminality, linked not only with the traumatic impact of the disaster, but with the lack of control, compensated by the influence of the project's personnel, the military and of other agents of the intervention.

The psychological impact: normalising reactions within a changing framework

Continuity between the "psychoaffective" and the "psychosocial" frameworks is sustained by the assertion of a set of symptoms or reactions that would appear as a consequence of the disaster and that constitute "normal reactions to an abnormal event". These reactions are described as being enclosed in the individuals affected, developing in stages, fixing affected people in the event of the disaster, supporting a traumatic experience that appears to the subject as marked by its ineffability and characterised by the emotional overwhelming of the subject (as founded on the opposition between emotionality and rationality).

The normal reactions are presented as expectations and prescriptions of the psychological outcome of the disaster. Deviations from such normality are identified as evidence for the need of specialised intervention, while the absence of symptoms is attributed to the exceptional character of the affected population, to their disguised appearance or to the operation of extraordinary conditions. Symptoms mentioned as part of this 'normal reaction' roughly correspond to those listed as diagnostic criteria for PTSD both as established in the DSM and in the popular literature on trauma. They include various sleep disorders (such as nightmares, bed-wetting and sleeplessness); lack of or difficulty in concentration; hyperactivity with low tolerance to frustration; fear; eating disorders; depression (sadness, sorrow and nostalgia); anxiety and isolation.

‘Abnormal’ symptoms are differentiated from normal ones by their degree of severity and duration and are indication that “urgent specialised treatment is required” [T5-DOC].

While in the second phase of the intervention the use of “reactions” or “signals” seems to place the discourse within a non-clinical framework, it also appears as another way of referring to symptoms, as in a document according to which one of UNICEF’s aims was to

Reaffirm in the children the understanding that their reactions (symptoms) are normal in such cases [T5-DOC].

The apparent contradiction of a disorder as signalling health is explained in the texts by the exceptional character of the disaster and the need to locate the assessment of its symptoms in a (correspondingly) extraordinary framework, different to that of ‘normal’ Psychology [T42-INT-DES].

Regarding forms of knowledge, UNICEF’s approach is described [T5-DOC] as an attempt to merge traditional knowledge (pertaining to primitive societies) and scientific knowledge (appropriate to modern ones):

The principle and basis of reaction to phenomena and the practices produced by trial and error are present in both the so-called primitive cultures and western logic. The difference is in the integrality of the former and the specialization of the latter, in the importance of nature as a whole in the one and the focusing on the other [T5-DOC].

However, traditional knowledge is filtered (assessed, rejected or accepted) following its compatibility with the modern knowledge associated with UNICEF’s intervention.

The maintenance of the subject’s interiority as the site of the psychological impact is fundamental for the assertion of these ‘normal reactions’ throughout the two phases of the intervention. In this respect, the subject is depicted as an entity with interiority and exteriority, a certain capacity (in terms of volume) to hold reactions (inside) and amenable to be opened or closed for accessing the contents which can be let out or retained, and at times inundate or overflow its margins. Trauma and its associated symptoms are described as lying inside the person, needing to be purged, otherwise risking overflowing to the outside or obstructing the remaining processes belonging to the interiority, in particular, those associated with rationality. This construction –which

is simultaneously of the impact and of the psychic structures of the subject—is achieved by references to the substance of what is ‘inside’, such as “emotions” [T59-FD], tensions [T2-DOC], “worries and anxieties” [T5-DOC] and a “heavy weight” [T4-DOC].

In other cases it is the disaster itself, which has gone –unmediated— to the inside of the subjects and which must be contained or channelled. This identification between the traumatic event and the traumatic content seems to be associated with fears about ‘leaving processes opened’, as what is left without containment is the event itself. Containment and discharge are presented as processes central for the recovery of affected children, through the gradual and controlled release of the contents of their interiority [T4-DOC].

The channelling (of feelings, memories, events and so on) usually takes the form of an external representation of the internal contents, in the way of drawings or performances. When such emotions cannot be adequately let out, the intervention appeals to ‘emotional containment techniques’ [T8-PRESS] whereby the contents of the internality are held within the boundaries of the subject. The aim of containment is presented as twofold: promoting the sustenance of internal boundaries for the event (regarding its temporality, location, magnitude and so on) and holding in place the subject’s internal structures that have been shaped by the event. Conversely, the abrupt opening of psychological processes would entail both an uncontrolled purge of the traumatic event and –at the same time— the loss of the individual’s psychological structure, which has been embodied by the disaster.

According to the discourses, the powerful shock makes the disaster difficult to integrate into people’s lives and as a consequence it remains in the form of a ‘presentised’ recollection. The re-experiencing of the disaster impedes its adequate remembrance and representation, fixing people on the past and installing the disaster as a negative presence in the interiority of people. In extreme cases, this character of trauma as a disease of memory adopts the form either of constant recollection or of absolute forgetfulness, as in the case of Enrique –presented before [T32-PRESS].

In order to support the overcoming of what is described as a psychic stagnation caused by the ‘presentisation’ of the disaster, UNICEF promotes a variety of processes that

entail reliving [T23-PRESS], representing [T3-DOC] or remembering [T33-PRESS] the disaster. In each case, the processes entail different levels of elaboration, from a quasi-mechanical putting outside of the contents of the interiority, to re-constructing the event in the light of people's present circumstances so as to generate a mastery over the traumatic experience. According to UNICEF these various processes can be better promoted through non-linguistic means, as the difficulty to communicate the experience of the event or the event itself constitutes another central aspect of the reactions deemed normal after the disaster.

The ineffability of the experience associated with the disaster (and particularly of pain) is frequently mentioned amongst the normal psychological reactions. The role of the intervention as promoting children's expression was presented as responding to this condition. This is the case of the 'game of the globes', in which children are given a balloon and asked to draw an image relevant to their experience of the disaster upon it and then decide what to do with the balloon (either to keep it, release it or give it away). One of UNICEF's coordinators explained the value of this exercise in the light of this difficulty to communicate pain:

I had an experience with a little girl, that really shook the floor for me, with the game of the globes. When I was explaining the instructions, that they are going to write in the globe, and such and such, [to use] the markers... then a girl raises her hand and says: 'can I draw the pain?' and I was like [surprised] ...I am sure that if I had asked that girl, verbally, something, maybe that wouldn't have come up [T47-INT-IMP].

Finally, the disaster is presented as impairing the rational capacities of the subjects, as a result of an emotional overwhelming caused by the event:

When a catastrophic event happens, the person is emotionally blocked, and when you're emotionally blocked, there is like a blocking of the cognitive part, then, there are persons that are not of the capacity to make decisions, they are like blocked, as I told you before, the cognitive part is squashed by the emotional; then the person is not 'I think', but 'I feel' (...) If you are emotionally blocked, your cognitive part is squashed [T42-INT-DES].

The return to normality is identified in the discourses with the restoration of the "cognitive, intellectual and decision-making capacities" [T42-INT-DES] of those affected. The "emotionally charging" quality of the literal depiction of the disaster seems to promote the contagion of trauma, in such a way that listening to accounts of

the events or to the experience of those affected becomes in itself a source of trauma. The debriefing of interveners, in this context, entails presenting a detailed report of the experience, such that what has gone inside (event, feelings, images and so on) is put outside (in the form of words). The emotional ‘load’ resulting from working with victims of the disaster –which in its extreme form causes ‘burnout’— is removed and debriefing restores the capacity to ‘load’ again with the trauma of those affected.

CHAPTER 9

THE PROBLEMATISATION OF THE DISASTER FROM A PSYCHOLOGICAL PERSPECTIVE: UNICEF'S INTERVENTION AS SUBJECTIFICATION

Analyses of psychosocial interventions in emergencies have generally focused on the extent to which specific projects achieve their stated goals, although occasionally researchers have discussed the relevance of trauma-focused projects in non-Western societies (Bracken & Petty, 1998). However, the underlying rationale, principles and motivations of interventions, and particularly the way in which they contribute to shape people's experiences of disaster –becoming themselves part of the post-disaster dynamics of affected societies— has been left greatly unquestioned.

Recently, Pupavac (2001a; 2001b; 2002; na) has examined the role of psychosocial interventions in the governance of populations, that is, in their constitution as subjects ruled through their own will and aspirations. According to Rose, this idea of government –that can be traced back to the work of Foucault (1992)— entails “a certain way of striving to reach social and political ends by acting in a calculated manner upon the forces, activities and relations of the individuals that constitute a population” (1998a, p. 5).

The purpose of this analysis is to examine UNICEF's intervention in Venezuela as it introduces –through its psychological problematisation of the disaster— a project of governance. This is attained through the provision of representations that those affected can employ to construct their experience of the disaster –and themselves— as a particular sort of psychological problem. I will move beyond the notions and practices displayed in the intervention (avoiding an internalist account of the discourse (Parker, 2002)) to inquire about their operation amongst the ‘beneficiary’ population, the institutions involved and the Venezuelan society as a whole.

I will analyse how the intervention constructs a set of ‘truths’ about the disaster and its impact by way of which the affected population is made thinkable and practicable by

experts and by themselves. This process of setting up human beings through particular subject-positions (Davies & Harré, 1990) locates them not only in a universe of meaning, but “in a complex of apparatuses, practices, machinations, and assemblages” (Rose, 1998b, p. 10), which presupposes and prescribes specific relations with themselves and with the others. This set of ‘truths’ –associated with a ‘government’ project— puts forward specific subject-positions and is supported by psychological practices of the intervention. The wider ethical and political consequences of this process of ‘subjectification’ in the context of UNICEF’s intervention will be explored in depth in further sections.

The work of Sveass and Castillo (2000) provides clues as to the importance of psychological practices in the process of subjectification. These authors analysed discourses that professionals working with war-affected populations in Nicaragua employed to frame their understandings of problems, methods and goals, as well as their role in the transition following the electoral defeat of the Sandinistas. In that context, the emergence of post-traumatic reactions amongst those most affected by the war was linked to the “breakdown of political projects and (...) the lack of social and economic support” (Sveass & Castillo, 2000, p. 24). The collapse of a system that had provided them psychological, social and economic assistance deprived them of a framework in which their suffering ‘made sense’. Under such conditions, the authors emphasise the importance of restoring historical significance to people’s experience through framing their professional intervention within a socio-political (rather than a clinical or academic) discourse. Although the issue of governance is not discussed, it can be inferred that working with individuals and their ‘internal’ processes would have reinforced a project of society supported upon the rupture of the social solidarity as advocated by the Sandinistas.

A shift towards individualisation was indicated by Foster and Skinner (1990) in the way political detainees in South Africa framed their self-understandings in the context of the experience of incarceration. A displacement from political and religious themes to the language of psychological effects was observed by the authors, who attributed it to the rise of the psychological idiom in Western culture. In particular, the use of clinical categories by ex-prisoners seemed to be associated with the rising influence of trauma discourse in shaping and regulating people’s experiences of adversity. This turn

towards the internal can be identified as serving a project of social regulation supported upon the 'enhancement of subjectivity', 'self-inspection' and 'self-rectification' (Rose, 1998a).

In UNICEF's intervention, the problematisation of the disaster from a psychological perspective takes place through the variety of actions performed by the organisation upon people sheltered in Fuerte Tiuna. They do not constitute abstract theories that represent some type of orthodoxy held by UNICEF, but practical knowledge that is displayed in the contact between the project and the population.

Although the disaster is explicitly defined as a psychological problem on few occasions, the introduction of a 'problem-solution link' –specified in the myriad of concrete issues and practicalities that constitute the intervention— places it within a psychological framework, and –appropriately for it being embedded in an intervention project— emphasises its character as a matter amenable to (and demanding) programmed action.

From the perspective of "logical framework planning" (logframe), the current dominant project-formulation model, inconsistencies within the dyad problem-solution would be considered failures either in the definition of the problem or in the formulation of a solution. However, the logframe has been criticized by Mosse as an attempt to

convey to outside decision-makers the idea of manageability based upon the existence of logically and causally related activities and objectives, an ordered sequence of events, the functional integration of different components and institutional actors (...) within a single knowledge system (2001, p. 28).

From a critical discursive perspective, such inconsistencies will allow us to 'read' the contradictions between the disciplinary, political and institutional dynamics underpinning the project, which do not follow rational relations of necessity. These inconsistencies and contradictions reflect the conditions under which the project was implemented in Venezuela: the marked political polarisation at the time of the disaster; the different disciplinary frameworks associated with foreign and local professionals; and the diversity of institutional goals and interests that cross-cut the attention to those sheltered in Fuerte Tiuna.

The analysis will follow UNICEF's project through the two stages identified in the implementation: the first, dominated by the notion of "psychoaffective" and the second one where issues were elaborated by reference to the "psychosocial". Firstly, the

disaster is constructed as a problematic event, affecting individuals, understandable and solvable within its immediate temporal, spatial and causal links. In the second stage, it is presented as evidence of a problematic process understandable only as embedded in Venezuelan historical dynamics of long-term formation that determine the existence of excluded groups.

It is noteworthy that, during the course of the intervention, “psychoaffective” was not merely substituted by “psychosocial”, the two coexisting as discourses which interveners could draw from when addressing different issues. Although each seems to support different projects of government (and emancipation), the prevalence of the individual subject and its specification by reference to the ‘traumatic’ –although unstable— provides a fundamental element of continuity. At the same time, the widespread participation in psy-culture –and particularly the social resonance of the dynamics of trauma— amongst practitioners and population alike contribute to position the project as a valuable resource for the intelligibility of people’s suffering.

I will start by introducing the dynamics of problematisation in UNICEF’s intervention and follow by analysing how such a process takes form by reference to the “psychoaffective” and to the “psychosocial”. Subsequently, I will discuss how trauma as a strategy of power functions in contradictory directions within the intervention, by simultaneously asserting a universal individual subject (denying thus the exclusion of the people sheltered in Fuerte Tiuna) and allowing and fostering the recognition of their suffering as collectives.

PROBLEMATISING (AND SOLUTIONISING) THE IMPACT OF THE DISASTER: PLACING THE POPULATION IN FUERTE TIUNA UNDER THE DOMAIN OF PSYCHOLOGY

In Venezuela, a variety of religious, cultural, medical and political discourses are employed to explain, experience and understand negative events. However, for people in Fuerte Tiuna –and particularly for children and those in charge of their care— UNICEF constituted a major provider of sense regarding their situation. It supplied a systematic account accompanied by a continuous action through which the disaster was constructed as a source of psychological impact demanding specialised treatment.

In the process of constructing a representation of the disaster as a specific sort of psychological problem, UNICEF assembled together trauma and the traumatised victim of the disaster as fundamental objects and subjects held together by the intervention. This process – akin to what Foucault termed “technico-institutional births” of new subjects (Foucault, 1997, p. 53)— was carried out by the deployment of techniques and resources for the treatment of trauma. A fundamental quality of the problem as constructed by the intervention is thus its condition as amenable (and target) of intervention (Burman, 1996).

By problematising the disaster in psychological terms, UNICEF's intervention placed issues under the domain of Psychology, as the discipline that regulates the ‘regime of truth’ by which statements and relationships are validated, while closing the matter to extra-disciplinary questioning and debate. This ‘regime of truth’ is supported through silencing, excluding and disqualifying what is outside it, and by simultaneously affirming and setting up networks of practices and discourses that attempt to stabilise specific identities (Kendall & Wickham, 1999) within these psychological references. This construction of the disaster by reference to the psychological sets up a “conceptual landscape” that highlights and occludes different issues and relations at different times (Burman, 1996).

Such a regulation of valid statements within the boundaries of Psychology allows, for example, for a transition between the dominant and the Latin-American perspectives, to the extent that both –although in tension with each other— are bound by their circumscription to disciplinary rules.

This psychological problematisation of the disaster –and particularly the reference to the pivotal notion of trauma— although localized and specific to the Venezuelan situation, functions to locate fragmentary occurrences across times and places under a singular set of explanations. As Rose has pointed out, the establishment of shared problem definitions and vocabulary of explanation construct links

between those who are separated spatially and temporally, and between events in spheres that remain formally distinct and autonomous (1998b, p. 57).

The disaster in Venezuela is located in the succession of disasters (in different times and places) identified by virtue of UNICEF's actions. The continuous reference to

UNICEF's intervention in previous disasters –and its forecasted intervention in future ones— appears as central for this problematisation strategy.

This identity between disasters extends to affected subjects, who are essentialised through a singular account of the production of trauma crosscutting these different occurrences. Universal psychological structures and processes are implied in the description of a standard psychological response caused by the action of an external agent on internal structures leading to a psychological disturbance in the form of trauma that demands immediate and specialised attention. The (self)relevant events in regard to which these psychological subjects are given interlocution in the spaces of the project locates them within a mental health framework that privileges their situation as traumatised.

From this position as victims of trauma, subjects are provided with the possibility of acting and talking in psychological ways which are fundamental in supporting the relationships upon which the project is organised. Meanwhile, alternative identities associated –for example—to the exercise of political citizenship are displaced or denied. This identity –the story people tell about themselves (Hinchman & Hinchman, 1997)—that emerges from people's position as sufferers of trauma provides them with a sense of past marked by the disaster and signals a path to recovery marked by the intervention. Talking and acting as anything other than therapeutic subjects –as political subjects, for instance— would undermine the networks of positions and resources upon which the intervention is sustained.

In the project, the 'story' that distributes positions is not provided as a script, but is negotiated with participants in the myriad of interactions (conversations, provision and receipt of services, agreements and disputes) that shape the intervention. As Gergen (1990) has pointed out, the bulk of this process of negotiation is anticipatory, implicit and is performed within the wider social narratives in which the disaster and UNICEF's response to it are embedded.

For interveners, positioning those affected within the traumatic functions as a form of "othering" that fixes people in Fuerte Tiuna in stable categories, "while occluding themselves and their investments in the discourse" (Fine, 1998, p. 131). This process of "othering" attempts to solidify social divisions through the construction of an image of

the other, the content of which is “intimately fused with social practices” (Jodelet, 1991). This process, the consequences of which extend beyond the limits of Fuerte Tiuna, functions to perpetuate the social order in the midst of the upheaval that followed the disaster.

By identifying those affected through their need of psychological attention, the story of trauma consolidates the mental processes of individuals as units for regulatory and self-regulatory practices. That is, it prescribes a specific space for the action of others – experts and their institutions— upon those affected, as well as the realm for the action of those affected upon themselves. This identity operates through UNICEF's statements and practices as centred on the psychological subjects.

The project emphasises the implementation of therapeutic measures rather than the restitution of subjects to a pre-traumatic condition, which would convert them into some sort of non-therapeutic subjects. This seems consistent with the centrality of psychological means and knowledge for the construction of the problematic condition of people in Fuerte Tiuna, and the projection, not of a more desirable scenario, but of demands and possibilities for intervention that such resources could support. Describing the condition of people in Fuerte Tiuna as problematic on the basis of a demand for attention places trauma as a ‘resource-led definition’ “where not only treatment, but also diagnosis is contingent on the availability of resources” (Allwood, 1996, p. 30). However, presenting an already-designed response, the project constructs a paradoxical problematisation, as it closes the matter to further scrutiny by presenting a solution that simultaneously responds to and produces the problematic object upon which it is sustained. Together with setting up a problematic object/subject, it denies its problematic condition by asserting a standard response, which presumes the unequivocal and static nature of the object to which it refers.

In the intervention, this seems to support what Bauman (1993) has termed the ability-to-act orientation founded upon a “technological fix”, the force of which stems not so much from the available means, but from the commandment “to do something”, which becomes an ethical imperative for those in possession of the technological assets. UNICEF's presentation of a pre-designed project –of apparent practical advantages in terms of enabling a rapid and structured response to a crisis— appears thus as

'solutionising' (rather than only 'problematISING') the disaster from a psychological perspective.

The condition of Venezuela as a fundamentally urban country, with high literacy levels and wide influence of mass media has contributed to the extension of the psy-complex through the creation of a psychologically-minded public and, particularly, to the mediatISATION of trauma. These appear as important conditions of possibility for the problematisation of the disaster in psychological terms.

Bracken has linked the "spectacular growth in the power of medical and psychological explanations for the world" (1998, p. 9) to the appeal of trauma models to justify a psychological response to war and disasters. In Venezuela, a long-standing tradition of professional Psychology has not only contributed to establish it firmly as a professional discipline, but has significantly extended its influence as a source of sense amongst urban middle-classes. Although there is no research on the subject, the widespread presence of psychologically-oriented TV and radio programmes and newspaper and magazine sections seems to have facilitated the diffusion of the dominant psychological culture in Venezuela, within which the belief that adverse events have protracted psychological sequels has been popularised. In this respect, the dynamics of trauma appear as "natural and self evident" (Bracken et al., 1997b, p. 437) and terms such as 'stress' and 'anxiety' have become common parlance amongst a psychologically-inclined general public (Summerfield, 1996). Trauma victims populate newspaper columns, TV and radio programmes, novels, magazines and talk shows, the latter appearing as a prototype of the psychological practice, with hosts and guests reproducing the cathartic-confessional spaces associated with psychologists and their patients. This expansion of the notion of trauma to identify, organise and mobilise demands and grievances of whole groups makes it possible to speak of a 'trauma movement'¹².

It is possible to say that in Venezuela, psychological discourses and practices informing UNICEF's intervention and –in particular, the notion of trauma— reflect not solely the concerns of institutional centres where the project was conceived, but also cultural and

¹² Cf. Mulhern (1994) regarding the establishment of Multiple Personality Disorder as a diagnostic unit and its role in fostering "multiple-personality movement" in the USA, as the expression of a collective

disciplinary trends current amongst middle-class sectors. This widespread participation in the trauma model made substantive negotiations on the overall need for the intervention practically redundant and –equally important— seems to reflect a certain extent of identity with the notion, at the core of the intervention, of the autonomous self, amenable to (self) management through its interiority.

For that reason, portraying the emergence of UNICEF's intervention merely as result of an export-import process by which the project is 'delivered' from the First to the Third World (as put forward by Bracken and Summerfield regarding trauma projects in war-affected societies) (Bracken, 1998; Bracken et al., 1995, 1997b; Summerfield, 1999b) seems to disregard the engagement of the Venezuelan society with a common psychoculture, within which the dynamics of trauma appear as a valid resource to make intelligible the psychological impact of negative events.

In this context, what Young (1981) terms "the power of affirmation" –that is, the possibility of constituting domains of objects in respect of which it is possible to affirm or deny true or false propositions— seems to ensue for UNICEF's project from this social participation in the trauma discourse amongst foreign and local experts, the media, and the Venezuelan population.

Nonetheless, the co-existence of the trauma discourse with a variety of other ways of experiencing the disaster –and corresponding notions of the subject and society— resulted in 'mismetings' between UNICEF and the local population as expressed by conflicting notions of adequate child-rearing practices or discrepancies in matters such as family responsibility and discipline. Such 'mismetings' between discourses and the different conditions of possibility associated with each one provided elements that people could use to interpellate the practices and assumptions of the intervention or to ignore or challenge positions on offer. For instance, the project's transition from "psychoaffective" to "psychosocial" can be partially explained as resulting from the difference between the psychological framework put forward by the intervention (identified with mainstream psychology) and the one held by the local professionals (closer to the positions of Latin-American social psychology).

rendering of social responsibility and its attribution to an internal 'other' which remains an entity stranger to the self.

The limitations of this process of discursive change were observed when interveners attempted to promote a “psychosocial” discourse amongst the affected population, which was hindered by the way in which people made sense of the material conditions upon which UNICEF tried to map such change. In particular, during the second stage of the intervention, UNICEF's promotion of a debate amongst parents about children's rights and the CRC was taken over by the participants to discuss violations to their own condition as subjects of rights due to the living arrangements of Fuerte Tiuna.

The population's refusal to identify with the new discourse confronted interveners with Parker's contention that “the use of alternative discourses does not lead automatically to alternative social forms” (1992, p. 38). Lacking the material possibility of developing a new discourse based on ‘rights’, the positioning of the population by reference to the psychological found little resistance. At the same time, the material dependency on the Fort's infrastructure for salary and shelter, people's uncertainty about the future, the actual delivery of custodial services for children within the framework of UNICEF's project and –most important—the expectation that remaining in the Fort would lead to the allocation of a house as part of the re-settlement programme, seems to have deterred any major conflict with the project or with the authorities of the Fort arising from the alternative identities on offer.

The extra-discursive functions served by the adherence to the project seemed to operate in the opposite direction to the apparently objectifying consequences of the trauma discourse. More than a subterfuge of the population to pursue their own goals, the assumption of the psychological identity recognises the material and institutional conditions under which other forms of action and identities seemed impracticable.

UNICEF'S INTERVENTION IN VENEZUELA: RE-ASSEMBLING PROBLEMS IN NEW CONTEXTS

The implementation of UNICEF's project in Venezuela seems to be part of a cycle in which the problematisation of new situations within the terms offered by “The Return of Joy” fosters the maintenance of professionals, techniques and resources which will in turn allow the identification of new situations amenable to being practiced and thought about in similar ways.

UNICEF's references to its international experience in implementing the same project – a central justification for its replication in Venezuela— locate the disaster in the same order as previous disasters where the organization had intervened. Thus, while constituting the Venezuelan disaster as a case in the generality of disasters, the discourse simultaneously re-assembles the local issues in psychological terms, where subjects and objects are reproduced. In this sense, discourses state –for example— that the relevance of psychoaffective issues in Venezuela follows from the implementation of a psychoaffective intervention, as was also the case in previous disasters where psychoaffective issues had been relevant.

The precedent of intervention in other disasters functions simultaneously as a source of authority and as a course to follow for the organisation in Venezuela. As in the legal sense of precedent, the experience becomes source of authority for deciding in later cases. While the validity of the project was derived, in practice, from its previous implementation, the force of the precedent seems to stem from its chronological position following previous instances that have then to be proceeded. These interventions –offered as *ex post facto* arguments— present UNICEF's actions as evidence of the project's relevance. At the same time, by locating the sources of legitimacy either in the past or in the (anticipated) future, discourses base their claim to authority on a past consensus that displaces questioning about the present.

The project's operational coordinator invoked this precedent-consequent chain during a press conference in which the value of the Venezuelan project was associated with its potential replication “in other scenarios” [T59-FD]. In January 2001, such potentiality was turned into actuality in El Salvador, after a series of earthquakes affected that country. In its exposition of the way in which its “psychosocial project” could potentially contribute to the recovery efforts in El Salvador, UNICEF alluded to the Venezuelan intervention as evidence of “how early attention to psychological trauma has a favourable impact in terms of social re-insertion, school performance and recovery of normal family life”¹³ (UNICEF, 2001b, p. 2). For its intervention in El Salvador, UNICEF appealed for US\$ 70,000, to fund the training of “psychologists, relief officials and teachers on UNICEF's psychosocial relief methodology” (UNICEF, 2001b, p. 3).

¹³ It is noteworthy that indicators for such an impact were not mentioned, and that the aspects referred to were not included in the evaluation carried out by UNICEF at the closure of its project in Venezuela .

The cycle between implementation and generation of precedents for further implementation where the subjects and objects could be reproduced was thus started again.

THE DISASTER AS PSYCHOAFFECTIVE: SETTING UP THE INDIVIDUAL SUBJECT AS THE TARGET OF THE INTERVENTION

During the first stage of “The Return of Joy”, objects and subjects of the intervention were referred to in terms of the “psychoaffective”. Who are these “psychoaffective” subjects? What are the processes that bear upon them? What Psychology is displayed in this second phase and with what implications?

As it has been shown before, during its initial phase, UNICEF's project was structured through an intervention that although rejecting one-to-one treatment of children—retained the trauma model stemming from the clinical category PTSD. This model of trauma entailed the assertion of a causal-temporal relationship whereby the external destruction of the physical world in the past translates into an internal psychological disorder in the present.

These discourses and practices signal the course of the process that moves from the ‘outside’ (external-social) to the ‘inside’ (internal-psychological) and from the (normal) past to the (disrupted) present. This directionality and temporality in the production of the impact supports a linear-causal epistemology according to which the output (psychological impact) is directly proportional and knowable on account of the input (disaster). The representation of the “psychoaffective” through these coordinates constructs a series of polarities that individualise and pathologise traumatised subjects.

Various activities of the intervention promote this mechanism for the production of trauma amongst the affected population. The most notable is perhaps the exercise of the “three times” that has been presented before. Through these, the project provides temporal and spatial relations that organise a subject's self-narratives through the connections amongst events (Gergen, 1990), such that the accounted past is confined to the disaster as producer of trauma and the present is reduced to the subject's psychological condition.

Presupposing that social reality and subjects constitute separate, stable and fixed entities abstracted from history, this notion asserts the existence of a universal traumatic response that can be described in terms of a fixed set of symptoms. In particular, the stability and universality of children and trauma as prime objects of the intervention appear as fundamental for the assertion of the causal determinism underlying the “psychoaffective”.

Setting up this dynamic is a condition to appeal to the notion of trauma to describe the impact of a wide range of negative events. The inter-cultural validity of projects supported on the PTSD category and its applicability in a variety of circumstances finally depends on the establishment of this causal relationship between stable objects and processes (Swartz & Levett, 1990). The universality in the mechanisms for the production of trauma allows UNICEF to describe its project as appropriate for interventions after natural disasters and wars, overriding in this way fundamental issues such as the existence of perpetrators and beneficiaries of social conflict, the instrumental value of intentionally-caused suffering in the context of war and the challenges of reconstruction in extremely polarised situations.

Summerfield (1996) proposes that at the core of this generalisation of the dynamics of trauma is the attribution of PTSD to universal biological mechanisms. In UNICEF's project, this biological identity is apparent in the framing of references within a medical discourse that describes interveners as providers of “psychological first aid”. However, it is also relevant for the selection of children as beneficiaries of the intervention, which echoes “the priority accorded to biology in accounts of infant and early child development” (Burman, 1994a, p. 35) within Psychology. Supported upon a tradition of Psychology within which children's development is represented as their transition from biological to social beings, the selection of children –while asserting the opposition biological-social— would appear as recognising them as sites for the “uncontaminated” expression of the traumatic impact.

This biological identity would be further upheld through the focus on children and the displacement of family and communities, described in the project as “environmental factors” for their development (UNICEF, nd). This essentialised child, located ‘outside’ politics and whose innocence makes him the perfect object of non partisan attention becomes thus the “principle fetish” in an emergency:

Abstracted from social and political context, the focus on suffering children avoids addressing the broader circumstances that give rise to the problems (Burman, 1994c, p. 247).

Additionally, this biological identity (and the latent reference to the evolutionary within it) places the possibility of social 'recovery' in the 'rescuing' of children from their families and in facilitating thereafter the unfolding of their 'natural' potential. Individual progress and social progress find here a single condition of possibility.

The discursive complex organised around the notion of trauma and its focus upon the mental processes and rational capacities of individuals—once the division society-biology has been operated—finds in the individualised subject the embodiment of the liberal project of society, within which individuality and uniqueness appear as distinctive qualities to be encouraged.

The link between social organisation and particular forms of subjectivities supported by the discursive complex (Cf. Parker, 2002) of the intervention is illustrated by the guidance interveners imparted to children during activities of the intervention. For instance, during drawing sessions children were specifically stimulated to engage in a process of creation that reflected their unique interiority. While originality was praised, copying images (either from other children or from books) was discouraged as engendering a misrepresentation of their true selves. At the same time, children's drawings and stories were presented as enacting—in their variety—the essence of a single traumatic response to the disaster.

The specification of the individual's internality by reference to the "psychoaffective" assumes the subject is an entity that can be legitimately scrutinised and acted upon in terms of separable aspects. This construction of subjects as amenable to dissection into aspects, factors and functions allows UNICEF to approach children as "individuals and aggregate units with common characteristics" (Hendrie, 1997, p. 62), each of which can be handled separately with recourse to a different technique. Under such conditions, technological capacities are deployed to problematise each aspect such that the focus is shifted to the 'wrong' state of affairs that are to be altered 'for the better'; meanwhile, other aspects are to be kept out or "bracketed off" for the duration:

Technology's miraculous powers are intimately related to the stratagem of close focusing: a 'problem', to become a 'task', is first cut out from the tangle of its

multiple connections with other realities, while the realities with which it is connected are left out of account and melt into the indifferent 'backdrop' of action (Bauman, 1993, p. 194).

This particularisation of the subject by a single aspect of its internality seems to be a case of the growing tendency amongst humanitarian agencies to displace the attention from global dynamics while constructing problems such as war and famine as “predominantly ‘internal’ in nature, requiring ‘local’ solutions” (Hendrickson, 1998, p. 286). The intervention unit is reduced here, not to a single country or a specific community, but to a singular internal feature of traumatised children.

The convergence of UNICEF's focus on children and their psychological interiority—a case of “the collectivisation of fragmentation” (Bauman, 1993) in single-issue movements— supports institutional discourses and practices apparently devoid of political implications, by which the organisation is granted access to highly polarised situations while appealing to a variety of sectors for support (and funds). In operational terms, this abstraction of children from politics has allowed UNICEF to deliver essential health care in situations of conflict. For example, Burman points out how the “rhetoric of children as ‘peace zones’ [was] used to negotiate temporary ceasefires for the immunisation of children” (1994c, p. 243).

The technification of humanitarian interventions seems to support the declared political neutrality from which organisations such as UNICEF draw much of their authority and strategic capacity, and which has been elaborated as doctrine by the Red Cross in the form of its “humanitarian imperative” in emergency situations (IFRCRC/ICRC, 1996).

Harrell-Bond (1986) called attention to the conservative impact of organisations that, by implementing ‘technical’ interventions, obscure political tensions and their dynamics, thus effectively lending support to the status quo. Additionally, the decontextualisation of people's suffering from the social and political environment has been cited by several authors as leading to an individualisation and pathologisation of the experience (Ager, 1996; Beristain & Dona, 1997; Bracken, 1998; Bracken et al., 1997a, 1997b; Summerfield, 1996, 1999b).

In UNICEF's intervention, the focus on children's internality, the restricted temporal and historical frameworks and the theorisation of people's present by reference to the dynamics of trauma contributes to displace the attention from structural issues. As a

result, the situation of social inequality and injustice from which children's positions derive are –if not altogether ignored— obscured and made incomprehensible in the light of the framework put forward to the population.

The process of subjectification in the context of UNICEF's project is made possible both through this negative action that –by focusing on the internal—dissolves the social poles that marked the situation in Fuerte Tiuna and as an effect of the constitution of the subject through the coordinates presented above. In particular, the location of the subject in the midst of a series of dualisms (outside/inside; past/present; social/biological; rationality/emotionality) asserts clear boundaries between the self and the others, while reproducing an individualistic notion of the rational or logocentric subject (Gergen, 1990; Sampson, 1989).

The subject, essentialised as a self-contained individual, becomes the basis for psychological forms of explanation and action that look for “underlying fixed qualities that operate independently of social relations” (Parker, 1997, p. 293). The use of mental categories –associated with the individual/social dualism intrinsic to the construction of the subject— leads to their individualisation and the promotion of regulatory and self-regulatory programmes based on the access to their internality. The assertion of this ‘natural’ or ‘true’ self as the essence of all individuals –and the identification of a periphery constituted by family and communities— “leads directly and inevitably to the idea of personal solutions and individual liberation” (Allwood, 1996, p. 20).

The project of government accorded to that essentialised and individualised subject places interveners as neutral exponents of a universal psychological discipline acting upon those affected, which have been positioned as “a homogeneous mass (...) free-floating and severed from contexts of oppression” (Fine, 1998).

In UNICEF's project, the dualisms underpinning this government project were initially expressed in individualistic inclinations constructed by reference to the “psychoaffective” and later –in a less straightforward manner— by an additive approach to the issue as constructed through the notion of “psychosocial”.

Traumatised subjects and their limits

The traumatised victim of the disaster is produced in the process of subjectification described above. In order to assert this identity, the intervention deploys a variety of

spaces, resources, techniques and personnel that displace the complexity of people's history –as marked by the material conditions that perpetuate their exclusion— in favour of the linearity of a story capable of supporting the attribution of people's suffering to the event of the disaster. Single-trait identities centred on the traumatic are promoted through activities that examine the disaster as the origin of emotions; shared spaces that bound subjects as co-sufferers of the disaster's psychological impact; and the dominance of the psychological as a unifying concern that brings together experts, resources and actions. These identities confine traumatised subjects to the social world of exclusion and the temporality of their transit through the disaster and its psychological consequences.

In terms of the dynamics of exclusion and inclusion, UNICEF's project and its focus on the traumatic seems to corroborate Fine's argument (1998) about the absence of studies about elites functioning to preserve them from social surveillance. By scrutinising the impact of the immediate event of the disaster on the internality of people in Fuerte Tiuna, those outside Fuerte Tiuna and the historical and material conditions that placed them there are excluded and, in fact, 'deproblematized'.

On the contrary, Fuerte Tiuna as a shelter becomes a place where people's suffering and destitution are highly noticeable to the media and the middle-class professionals associated with the intervention. This condition –that Harrell-Bond (1986) has identified as instrumental for the fundraising strategies of organisations— reinforces the disregard for social dynamics while excluding controversial political issues from the agenda. Politics being excluded from the organisation's action, "what else is left besides human misery and helplessness upon which to base appeals for funds?" (Harrell-Bond, 1986, p. 12).

The traumatised subject is supported on restricted social, temporal and spatial references. The isolation of the disaster from the social dynamics of Venezuela within an intervention schedule limited to three months plays a central role in delimiting relevant matters. Information released by UNICEF to donors and the (mostly international) public consisted largely of "situation reports" detailing the immediate circumstances of the intervention and the development of the emergency plans. This form of reporting was associated by Keen (1994) (in connection with the Sudanese famine) to a tendency to neglect the historical context of the emergency and its

condition as a process. Hendrie has argued that this way of representing complex situations is compatible with donors “trapped in an eternal present” (1997, p. 61), whose short attention span is divided amongst competing emergencies.

These social frameworks of the intervention emphasise the traumatic memory at the expense of the social memory, leaving experiences and resources outside the traumatic as belonging to the private sphere for which individuals become sole ‘bearers’ and ‘guardians’. This traumatic memory –constructed as “something locked in the mind and a continuing cause of distress” (Bracken, 1998, p. 39)—assigns the possibility of recovery to individual subjects and their capacities (or lack thereof) of processing them. According to Young (1995) this notion bears upon two core attributes of the Western self: free will and self-knowledge.

At the same time, the privatisation of collective experiences outside the traumatic seems to generate a basis for their social oblivion. As stated by Fernández,

forgetfulness is the collective spirit that after being divided in strictly personal affairs, is pushed inside the subject towards the empty zone where there is no longer anything standing as true for anybody (1991, p. 67).

However, as Halbwachs (1952) pointed out, such frameworks function to the extent that subjects take part in them for the act of recollection and identification. The fact that UNICEF's discourses were by no means the only available for people in Fuerte Tiuna to make sense of their situation following the disaster defies the boundaries of the subjects tendered by the intervention. It showed that Fuerte Tiuna was not –by any means— a closed space, either for the sheltered population or for the institutions and professionals engaged in their attention.

FUERTE TIUNA AND THE PSYCHOSOCIAL IN UNICEF'S INTERVENTION: IN SEARCH OF THE ELUSIVE

During the pilot implementation of the project in Fuerte Tiuna, the team of local professionals who had taken over the operation of the project from the foreign experts found it impossible to act and reflect upon the people's situation within the original framework provided by UNICEF. Children failed to comply with the identity on offer, there was no normality to which people could return and the disaster was located

amongst the myriad of negative events and conditions that affected people in the past (and in the foreseeable future).

These conditions, in particular people's poverty, were visible to upper and middle-class professionals of the intervention due to the character of Fuerte Tiuna as a site where the distance that separates the wealthy and the poor in Venezuela had been temporarily disrupted, but also due to the identities that interveners aimed to enforce during the encounter with those sheltered.

As Jodelet has pointed out, "exclusion always induces a specific organisation of interpersonal or inter-group relationships of a material or symbolic form" (2001, p. 53). This organisation of exclusion/inclusion can take the form of a topological distance, and in Venezuela it has established a spatial distribution that divided the city between 'barrios' and 'urbanizaciones' (urbanised areas of middle and upper class dwellers) which restricts not only the access to well being, but the collective entitlement to public life for people from the 'barrios' (Rodriguez-Mora, 1996b).

In the context of the project, Fuerte Tiuna constituted a form of visibility where statements about the complex impact of poverty and trauma were elaborated. The immediacy of the sheer poverty of 'damnificados' —inscribed in their bodies as in their neediness— posed for interveners the issue of how to theorise and practice a "psychosociality" in the intersection between the traumatic and the exclusion embodied by those affected. What the notion of psychosocial means and does in the context of this second phase of UNICEF's intervention must be analysed with reference to this double positioning of subjects.

With regards to the original project, Fuerte Tiuna promotes what Collier denominates as collisions with "previously uncomprehended realities" (1998, p. 56), resulting from the confrontation between reality as given in language and in practice. While —as Collier notes— language can be about reality and could not exist if it were not sometimes about reality, it can also 'freewheel'. When this happens, language seems to take 'recesses' from reality in a way practice cannot. These collisions, and the subsequent reconstruction of issues by reference to the psychosocial, does not result from "renewed observations" of the population, but from a shift of references associated with a variety of factors. Of particular relevance are the succession of foreign experts by Venezuelan

psychologists and locally hired personnel; the abandonment of the sense of urgency that dominated the first weeks of the emergency; and the rupture of the apparent political consensus prevailing during the initial days after the emergency which created the illusion of a dissolution of the political and social polarisation that were fundamental markers of the disaster.

In programmatic terms, the shift to the psychosocial consisted of the aggregation of two components on child rights and on community and family integration. Within UNICEF, this change was described as an extension (rather than as a challenge) to the original project, although in practice it entailed a reconstruction of subjects and objects, and – with them—of intervention strategies.

The ‘failure’ to conform the implementation to the original project confronted implementers with the difference between an idealised conception of application (as expressed in project designs that follow the logical framework) and the realities of implementation (Willig, 1999b). While the original project was grounded on what Potter (1982) termed the “ideology of application” –according to which a continuum from ‘pure’ to ‘applied’ knowledge allows for the unambiguous transference from theory to practice— the second phase failed to assert subjects and objects on which the original assumptions were supported. In the light of these changes, project implementation appeared “not simply [as] the execution of an already-specified plan of action with expected results” (Hyndman, 1998, p. 74), but as an ongoing process, socially constructed and negotiated.

In this context, an important resistance to the positions tendered by the project arose from Venezuelan professionals who identified themselves more as social facilitators than as therapeutic agents. In the case of psychologists, this identity seemed to be grounded on a disciplinary tradition that –within the frameworks of Latin-American Social Psychology—has defined as its main goals the promotion of social change through the empowerment of communities and the use of participatory methods for consciousness raising (Cf. Martin-Baró, 1990a; Montero, 1994, 2001; Sloan & Montero, 1990; Wiesenfeld, 1994b, 2000). The methodological roots of this position in popular education and action research –and particularly in the works of Paulo Freire (1969) and Orlando Fals-Borda (1959)—and its political inspiration in Liberation Theology placed them in a different disciplinary stance than the one originally put forward by UNICEF.

Nonetheless, the underlying dualism of the psychosocial notions that dominated the second phase –defined by tensions between the psychological determination of phenomena vs. their socio-historical determination (Montero, 1994)— held a line of continuity with the mainstream Psychology that informs the original project.

These different disciplinary traditions of the original and the ‘adapted’ project mediate the reconstruction of objects and subjects during the second phase of the intervention. In this sense, the ‘adaptation’ appears as a process in which emergent categories and forms of interaction are put in place to theorise and act upon people in Fuerte Tiuna, this shelter appearing as a surface for the re-problematisation of the impact of the disaster.

Organisationally, the transition towards the “psychosocial” is made possible through the functioning of networks that link different bodies within UNICEF. Participants speak about UNICEF and from UNICEF as placed in different locations: as an international organisation and as a local one, the experience brought to the emergency being different in each case. In the first instance, the Venezuelan office is placed in the intersection of an international structure, appearing as executor of the organisation’s policy (which is treated as a single one). In the latter, it is located as a local agency with significant margins of autonomy, its own history, resources and expertise.

The articulation between these two bodies functions to integrate concerns and issues (problems and solutions) at local and international levels. This integrative function allows UNICEF to treat the Venezuelan disaster simultaneously as a local and a global event, this dual character reflected in the structures and functioning of the intervention and enabling UNICEF to respond to specific situations in conformity with its institutional demands for action and its global mandate.

For this reason, UNICEF’s office in Venezuela cannot be regarded as the institutional site for the emergence of the project, but rather as a place of intersection of practices, knowledges, experts, resources and priorities. The role of local personnel appears, in this context, as that of mediators between the specificity of the disaster in Venezuela and the standard definition of problems and its associated availability of means within the global organization. Furthermore, the existence in Venezuela of extensive psychological networks (in the form of institutions, professionals, experience and social

authority) constitutes a fundamental condition for the translation of UNICEF's original project into its 'adapted' version.

While some authors have referred to the expansion of psychological projects in emergencies as resulting from their exportation from the First to the Third World (mostly in the name of treatment of "war trauma") (Bracken et al., 1997b), this complex positioning of UNICEF in Venezuela questions the validity of 'endogenous' and 'exogenous' as adequate categories to identify the location of the project. The social concurrence with a trauma discourse and its associated therapeutic measures seems to reveal the pervasiveness of a psy-discipline focused on clinical diagnostic categories. Although –as the discussion of the problematisation cycle attempted to show— it is impossible to ignore UNICEF's power in the reproduction of problems, attributing the emergence of the project in Venezuela solely to external action would disregard the complexity of a hybrid space cross-cut by fundamental disciplinary identities.

The disruption of the traumatic causality and the precarious assertion of the psychosocial

The discourse on the psychosocial attempts to account for the complexity of people's situation and, particularly, for the position of collective exclusion that was sustained by conditions that were both subjective and material. This new subject position –collective, embedded in history and doubly marked by sufferings originating from the social organisation and from the disaster— disrupts the linearity of the traumatic causality associated with the "psychoaffective". In this context, the experience of suffering and the suffering subject acquire a distinctive density.

Emblematic of the way in which a psychosocial discourse grounded on the Latin-American tradition affords a new density to the experience of suffering is the explanations it has generated about constructing (and losing) the house amongst the popular sectors in Venezuela. The work of Wiesenfeld, García and Giuliani (1994; 1994a) has shown how for inhabitants of the Venezuelan 'barrios' (who formed most of the population in Fuerte Tiuna) houses, surrounding environment, communities and the houses's inhabitants constitute a single reality. Under this condition, "the building of a house is considered as parallel to the building of a community, which thus gives the house physical-environmental, psychological and social dimensions" (Wiesenfeld, 1994a, np). Accordingly, the construction, possession and loss of the house cross-cuts

all these dimensions and defies the external-internal duality of the original “psychoaffective” project. This would be consistent with the findings of Gibbs’s study about the process of reconstruction in Mozambique, where people indicated that the actual physical work of reconstruction was central to the process by which their lives were being reconstructed (1996).

However, despite the fact that the psychosocial as a new problematic object unsettled the dualisms underpinning the original project, the deployment of this discourse within an emergency intervention confronted interveners with a tension between the strategic gaze based on the structural and the attention to the immediate impact of the disaster, as contemplated in the original design. In this way, the use of “psychosocial” within UNICEF’s intervention staged a series of contradictions that can be traced back in Psychology, to the nature-nurture debate and, more recently, to the agency-structure tension of the 1970s.

This tension was predominantly resolved through the adoption of an additive model of the psychosocial that implies the reassertion of the individual (now collectivised). In terms of practice, these conflicting demands were expressed by the incorporation of ‘social experts’ that were to operate alongside ‘clinical’ ones (hired by the military) and to which UNICEF could refer children deemed in need of specialised treatment. This additive model of the ‘psychosocial’ was compatible with the academic organisation the psychological discipline in Venezuela, within which ‘social’ and ‘clinical’ remain separate ‘options’ between which students must choose during their undergraduate training. At the same time, an effort to promote practices and discourses founded on an integrative, non-dualist, notion of the psychosocial encountered important obstacles in the material, institutional and disciplinary conditions of implementation of the project.

As a result, during the second phase of the intervention the “psychosocial” was precariously affirmed in between the tensions of two different forms of constructing it: one as an aggregation between individual and social effects –consistent with the notion put forward by UNICEF during a 1997 evaluation workshop—and as an integrative position, that attempted to challenge the individual-society dualism.

The psychosocial within the boundaries of the micro-social: the sheltered population as problematic

The additive approach to the “psychosocial” –which reproduces the dualist underpinning of the original project— seems to echo concerns expressed by several practitioners (Ayalon, 1997; Jareg, 1995) as to the consequences that an exclusive reliance on PTSD could have on a potentially large number of affected people, who although “seem to be functioning well despite their invisible wounds” (Jareg, 1995, p. 224) would be deprived of specialised attention. It constitutes, in this manner, not a fundamental shift, but a call to extend the traumatic model in response to the massive need for intervention.

From this perspective, the “psychosocial” was to reflect both the collective character of the affected population and the normalising aims of the intervention. However, the normality that emerges from this collectivisation of the individual subject implies – despite the intention of dispelling pathologising tendencies associated with the clinical— asserting the traumatic response as the standard outcome of the disaster for whole populations.

The understanding of people’s social condition from a psychological perspective rooted in the “psychology of poverty” led to a construction of their psychosocial location as resulting from the interaction between two distinctive processes: one that comes from the traumatised interiority and the other that derives from the subject’s exteriority, represented by a poverty that has transformed into collective personality traits. By conceiving processes in terms of ‘aggregation of components’ the reference to the emotional recovery of individuals is juxtaposed (but not integrated) with those of changes in the social. Individual and society are again asserted as separate and independent entities.

At the level of practices, this additive model of the psychosocial is expressed as a focus on group activities with great emphasis on the promotion of face-to-face collective interactions as a way to foster community development. An understanding of the social lacking historical embedment leads, on the one hand, to a construction of those sheltered as “communities” with homogenous characteristics, common interests and needs and, on the other, to a focus on the micro-social that results in the identification of the population as the problem.

In this sense, it seems meaningful that Fuerte Tiuna provides interveners (of UNICEF and other institutions) with the opportunity to promote reform projects on matters such as sexual and reproductive health, children's rights, literacy and a whole array of issues apparently unconnected to the lack of housing that had initially brought people to the shelter.

While poverty and exclusion identified those in Fuerte Tiuna as the quintessential collective –in the absence of a “psychology of richness”— the capacities, deficiencies and challenges of the intervention referred to their condition as an aggregate. The design of activities on child rights and community and family integration constructed people's problem as cognitive deficits. At the same time, the implementation of participatory activities such as workshops and debates, in which interveners usually ‘surrendered’ their power by acting as ‘facilitators’, promoted the idea that the group's problem (and its solution) was to be found within the confines of the group. As a result, a discourse on empowerment was turned into a privatising force that denies social responsibility over collective affairs.

For this reason, the advent of the collective subject identified by the “psychosocial” did not result in a relinquishing of strategies of governance, but in their reframing so as to respond to the new nature of the subject. The participation within these parameters could be said to function as what Cohen (1985) labelled as “modes of inclusionary control”. These forms of control, that operate to bring the excluded ‘in’, tend to reduce the spaces of conflict, while appearing as relatively benign and liberal.

In the case of the intervention, group arrangements such as sitting in circles, providing each participant with opportunity to talk or using innovative methods of expression within the group could convince practitioners and participants that such group arrangements expressed equal power amongst them, while in fact these remain conditioned by wider social narratives and accompanying material constraints that shape what they can ‘freely’ express and do. At the same time, these methods keep the macro-structures of inequalities out of sight and induce the illusion that their problems can be solved within the group. According to Cooke (2001b) the type of ‘empowerment’ that this form of action promotes –and which requires participants to assume the identities and goals of the intervention is synonymous to subjection.

Although the theorisation introduced references to the structural, the limitation to Fuerte Tiuna and to the population sheltered there –together with the invisibility (and inaccessibility) of the beneficiaries of their exclusion—leads to interventions upon those suffering exclusion, rather than upon the dynamics that generate and support it. In this context, the “psychosocial” comes to signify the people affected as bearers of ‘psychological’ and ‘social’ problems.

The relationship of middle class psy-experts with a destitute population results in a process of ‘othering’ through which people in Fuerte Tiuna are inscribed in the surface of the intervention initially from their alleged need for psychological attention, but later from the public (middle and upper class) demand for social rehabilitation.

The social-order pre-disaster –which in the first instance prevented those better-off from becoming objects of relief programmes within shelters— is reasserted through psychological boundaries that find in trauma symptoms (or their absence) the indication of deservingness. The location of people in Fuerte Tiuna in a historical process that asserts their longstanding suffering functions simultaneously to recognise the hardships of their lives and to dismiss their conditions as victims. In this way, misery and banalisation of the people’s bad situation function to reinforce and justify their exclusion.

The work of Lerner (1980) about the belief in a just world indicates how “the more it is believed that a punishment inflicted [upon subjects] is strong and prolonged, the less people are inclined to assess positively the victim” (Jodelet, 2001, p. 57). The shift from the problematisation of the impact to that of the population is consistent with the identification of the middle class as true “psychological” victims of the disaster, whereas people from the ‘barrios’ of Vargas and Caracas would be specially protected from the traumatic impact by reason of their prolonged dealings with suffering.

A non-dualist stance and its difficulties

During the second phase of the intervention, an integrative theorisation of the subject and of the social –that aimed to overcome the dualist positions described before— is introduced alongside the dualist one. The elaboration of a situated discourse of the disaster that appeals to the idea of ‘suffering’ instead of ‘trauma’ is an attempt to capture its meanings and implications (symbolic and material) for those in Fuerte Tiuna.

The psychosocial, within this framework, referred to people's position in Fuerte Tiuna as part of the Venezuelan social arrangement and was used to theorise a process that engaged the whole society. Within it, those living in the shelter were considered as expressing the existence of winners and losers from a structure of inequalities and privileges. In its understanding of the impact of the disaster, dualism and reductionism were rejected and subjects were approached as located by multiple, relational positions that are not always bounded by reason (Henriques et al., 1998). Attention was given to the role of the intervention in providing explanations of the disaster and of people's experiences, while the people's accounts were assessed as partially responding to such explanations.

At the time of the event, the theorisation of the disaster as located in the pole of exclusion found in the mobilisation for social change, promoted and supported by the government of Chávez, a source of legitimacy without precedent in Venezuelan contemporary history. However, the reconstruction of problems and subjects by reference to a psychosociality so conceived imposed on the project demands that would have exceeded both UNICEF's institutional frameworks and the conditions of implementation. In practical terms, it would have implied breaking with the apoliticism that gives UNICEF much of its international stance in order to act upon global power dynamics that transcend the immediate context not only of the shelter but also of the country. Internally, it would have required engaging, together with the population, in a political process to promote structural changes in the symbolic and material dimensions. In short, it would have involved breaking with the framework of the project and its conditions of implementation within which this alternative discourse emerged. Although UNICEF actually engaged in actions to support the re-settled communities, these reparative actions were rarely articulated within the framework of the psychosocial intervention.

Fundamentally, any radical transition within UNICEF's intervention seems to be impeded also by the overall reference to Psychology and the way in which this discipline places its objects in the health/disease opposition. While Donoso (1989) has highlighted the importance of promoting what he calls a 'positive conception of health' the intervention shows how in fact the assertion of normality functions to locate people in the health/disease tension while reasserting the authority that provides such

parameters. As Papadopoulos has pointed out, the sole position of psychologists as members of the mental health profession, locates them perforce on the side of health and “against non-health or pathology”:

This means that when, for example, we look at human pain and suffering we cannot but formulate our observations and theories (whatever these may be) within this narrative of polarity, and therefore the idea of pathology or health will stain, inevitably, any conceptualisation of these phenomena (1998, p. 457).

Additionally, the conditions and commitments of professionals within the intervention restricted their possible actions in the context of UNICEF's frameworks, to the extent that they must respond to the operational demands of the project regarding presentation of results, management of funds and accountability to donors. In this way, professionals drawn to the intervention tend to end up as officers of the institution that sponsors the action (Zúñiga, 1992).

The ‘availability’ of people sheltered in Fuerte Tiuna (who are treated as subjects of public policy) and the ‘unavailability’ of those in a better situation; the institutional profile that places politics beyond UNICEF's scope of action; and the limited role of international relief agencies in world dynamics appear amongst those factors that restrict the impact of this alternative ‘psychosocial’ perspective.

Limitations for the development of this psychosocial perspective also come from the affected population and their demand for immediate relief. While the “apocalyptic” portrayal of the disaster seems to substantiate the establishment of immediate ‘therapeutic’ measures, a positioning within the structural is difficult to translate into immediate actions in response to such demands, which were then generally met with a ‘retreat’ towards individualistic approaches.

The introduction of a critical social perspective within UNICEF's project in Fuerte Tiuna seems to mark the existence of two heterogeneous intervention rationalities: that of the pragmatism associated with the logframe planning and that of community action, based upon participation. These heterogeneous intervention rationalities –frequently found in institutionally sponsored participative processes (Mosse, 2001; Zúñiga, 1988)— constrain the intervener's action within the framework of the project. As a result, while a structural response to the notion of “psychosocial” would place UNICEF in the terrain of politics –outside its mandate and power— the critical discourses set up

a notion of the psychosocial within the frameworks of the traumatic, which effectively functions to turn UNICEF away from politics, reasserting the political neutrality that is fundamental for the organisation. As a consequence, the allusion to political dimensions that cross-cut the people's condition in Fuerte Tiuna –and which are acknowledged by the reference to the “psychosocial”— find in the framing within the issue of trauma a de-politicising leverage.

The elusiveness of the psychosocial in UNICEF's discourses and practices seem to be related to this fundamental contradiction between a theorisation that referred to the structural and an intervention restricted to the local. In an intervention –laden with ambiguities— this is expressed as the difficulty of attributing the “psychosocial damage” (to the disaster? to poverty? to injustice?); the instability of the “psychosocial” (in the communities? in the subjects?); the inconsistency of temporal frames within which the processes are located (before the disaster? following it?); and the difficulty of asserting the relevance of a psychological discipline suited to such a problematisation.

CHAPTER 10

TRAUMA AND THE CONSTRUCTION OF SUFFERING IN VENEZUELA

The notion of trauma constitutes a central reference that provides constancy in the midst of the process of adaptation of UNICEF's intervention in Venezuela. Initially, the convergence of the intervention on the notion of the traumatic is explicitly asserted in a prescriptive discourse that –drawing from the PTSD model– anticipates the identification and treatment of trauma symptoms amongst the affected population, the occurrence of which is recognized as signalling a normal reaction to the abnormal event of the disaster. During the second stage, although discourses shift their emphasis to the concept of suffering as a way to account for the long-term exclusion of those affected, the identification of 'normal reactions' and the adherence to a dualist model of individual and society perpetuates the operation of the trauma model explicit in the first phase of the intervention.

In this section, I will examine how the notion of trauma –consolidated in the PTSD category– has been historically constructed within a set of tensions between the subject and the event and the consequences of this process for its operation as a resource for the intelligibility of the experience of the disaster within the social dynamics of Venezuela. I will also explore the paradoxical consequences of the appeal to the discourses on 'trauma' and 'suffering' in the context of the social and political polarisation of the Venezuelan society at the time of the disaster.

TRAUMA: THE UNIFYING NOTION OF UNICEF'S PROJECT

Throughout the intervention, the (explicit or implicit) reference to the notion of trauma provides a distinctive identity to UNICEF's project. Despite the changes that result from the process of adaptation this notion remains central to the discourses and practices put forward by the organisation to relate with the affected population and the local institutions. The use of this notion implies not only the assertion of a theory on the production (and treatment) of the damage caused by the disaster, but more

fundamentally, the reproduction of a notion of the subject that is central for its governance project.

As it was discussed before, UNICEF's intervention provides a contingency in which – following a problematisation of the disaster in psychological terms— it is possible to think and act psychologically regarding the disaster and, particularly, the population sheltered in Fuerte Tiuna. The notion of trauma constitutes a central reference with regard to which the disaster (and its victims) are placed as amenable to interpretation and action within a particular psychological theory. For this reason, referring to the traumatic simultaneously asserts the possibility of transformation through an intervention informed by the expertise and technologies that, on this issue, are provided by the psy-disciplines.

This combination of theory and practices –what Rose (1985) terms “a sort of phenomenotechnics” of the population— around the traumatic provides a (relatively) stable identity to UNICEF's intervention. Central to this identity is the establishment of a link between a generalised traumatic impact caused by the disaster –described in terms of a fixed set of symptoms corresponding (in broad terms) to PTSD— and the immediate provision of treatment as part of a short-term emergency intervention.

These “normal reactions” described as part of the trauma model focus the intervention on the mind of a ‘unified rational subject’ and support discourses and practices that are aimed at individuals conceived of as endowed with universal psychological structures upon which the ‘external’ stressor (represented by the disaster) impacts in mechanistic ways. The identity attributed to a psychological response to the external is what sustains a collective intervention aimed at mobilising shared structures and processes in each of the targeted subjects.

These mechanical-causal bases of the model of trauma underlying the intervention can be traced back to the diagnostic category PTSD. In UNICEF's intervention, this causal model is initially described in a prescriptive discourse with direct references to the notion of trauma and later, through a situated one that –although it explicitly rejects a clinical framework to refer to the affected population and appeals to the notion of suffering— nonetheless asserts the existence of normal ‘reactions’ (in lieu of ‘symptoms’) that would describe a generalized impact of the disaster. In this second

discourse, the predicted impact is constructed as interrupted by the long-term exclusion and poverty of those sheltered in Fuerte Tiuna, whose conditions make their suffering appear as commonplace.

In both cases, however, the intervention responds to the anticipated occurrence of 'symptoms' or 'reactions' by reproducing notions of the subject and of the dynamics for the production of trauma that underlie the PTSD category.

In order to analyse the operation of the trauma model in UNICEF's intervention, I will briefly review the construction of trauma as a psychological category.

THE CONSTRUCTION OF TRAUMA: FROM METAPHOR TO LITERALISATION IN PTSD

The metaphorical origin of the notion of trauma and some of its present reverberations

In UNICEF's intervention, the discourse on the operation of the dynamics of trauma is mostly introduced in implicit ways. This lack of elaboration – of the mechanisms that produce the damage and of the damage itself— seems to be supported on a theory of the traumatic that has as one of its central assumptions the unspeakability of the experience (to which I will refer later). More fundamentally this silence seems to speak about the metaphoric character of the original object of the intervention and the contradictions within which the notion of trauma has been historically constituted.

Metaphors have been defined as figures of speech in which a descriptive term is transferred to some object that is different from, although analogous to, that to which the term is usually applicable (Lakoff & Johnson, 1980; Leary, 1992). Leary points out that by giving one thing "a name or description that belongs by convention to something else" (1990, p. 4) the metaphor transfers predicates or descriptions between objects, such that properties, characteristics or conditions originally belonging to one are said to be present as well in the other.

Although I will not examine in detail the way in which the notion of trauma was transposed from the medical to the psychological domain it is important to recognize the etymological origin of the notion of trauma in a Greek term originally used in a medical context (at the end of the 17th century) to refer to "a wound from an external cause" (Oxford University Press, 1989).

In the psychological discourse on trauma, the description of bodily rupture has been transposed to characterize the rupture of the psyche by the force of an external shock. In this use, the reference to “psychological trauma” simultaneously allows to assert the ontological metaphor of subjects as containers with discrete physical boundaries – “entities bounded by a surface” (Lakoff & Johnson, 1980, p. 25) with an in-out orientation —, the idea of brokenness as if it were an injury to the skin, and the operation of an agent external to the subject who breaks towards the subject’s internality.

In this context, the speed of the emergency response (similar to the physician when treating a wounded patient); the implementation of ‘psychological first aid’ and the identification of symptoms reflect this literalisation of the traumatic within the psychodisciplines and how it is embedded in various forms of materiality, which reveal the directive –as well as descriptive—functions of the metaphor. Since the essence of a metaphor is that it allows understanding and experience of one kind of thing in terms of another (Lakoff & Johnson, 1980), the value of the ‘trauma’ metaphor is that it provides the familiar image of bodily rupture as a model for understanding, experiencing and acting upon (opening, containing or closing) psychological experience defined as rupture.

At the same time, the instability of the referent is revealed in the variability in the use of ‘trauma’. In the intervention, the traumatic impact of the disaster upon those affected is diversely described as an imprint that leaves an indelible mark on its victims [T16-PRESS], as a pressure that needs to be relieved in order to restore the subject’s internal balance [T47-INT-IMP], or as a broken thread that must be rewoven so as to restore the torn fabric [T2-DOC]. Although this recourse to hydraulic and textile metaphors maintain some differences with the idea of ‘hurt’ (such as the existence of society as a structure formed by interweaving relations between individuals) it fundamentally reproduces the relationship between three dimensions: the disaster as an external breaking force, the mind enclosed within individuals and the vulnerability of subjects whose interiority is severed by the force of external events¹⁴.

¹⁴ In what appears as a reflection of the theorisations of Transactional Analysis about the ‘inner child’, children were used as metaphors of adults interiority in the context of AVEPSO’s intervention. The process of ‘letting go’ of trauma after the disaster was signified through comments about letting the children play in the patio, as opposed to keeping them locked inside the classroom.

Leary (1990) claims that metaphors are not only a form of speech, but more fundamentally a form of thought with basic epistemological functions. Metaphorical thinking would have a constitutive –and not merely an expressive–role regarding scientific theory and practice, such that scientific models can be considered as extended and sustained metaphors. However, this feature of knowledge has been suppressed following the antimetaphorical rhetoric that accompanied the emergence of modern science during the seventeenth century.

In the case of trauma, the influence of this metaphor of broken skin can be found in the way the three dimensions identified above –fundamentally the idea of rupture– have informed the development of the notion. The introduction, in 1980, of the diagnostic category PTSD in the Diagnostic and Statistic Manual of Mental Disorders (APA, 1980) appears as the consolidation of trauma as an entity –and, with it, of its transition from the metaphoric to the literal– objectified through the use of technological resources and legitimised through being embedded in a scientific discourse.

Convention plays a central role in the relationship between the metaphorical and the literal. As descriptions as well as names are assigned by social practice rather than discovered through some sort of raw experience, literal language is language usage to which a particular linguistic community has grown accustomed (Leary, 1990). It is only with repeated usage over time that metaphors are transformed by custom into “literal” terms with virtually unanimously understood referents. In the process, what Leary calls a “hardening of metaphors” takes place, by which dissimilarities are overlooked and the analogies at the basis of the metaphor are literalised (1990).

As is generally the case with metaphors, the use of ‘trauma’ has not only redefined objects and situations, but also the original metaphorical reference itself, such that the variability of the images originally evoked have tended to fade, and nowadays the broken psyche is almost unanimously understood as referent for the term.

For those identified as “traumatized”, the notion becomes a source of self-reference, which is anchored in networks of meanings and possible courses of action with ethical, institutional and political consequences.

In what follows, I will present the main issues in the development of the notion of trauma. For this, I draw considerably on the work of Leys (2000) whose “Genealogy”

proposes an account of the history of the constitution of the notion with particular attention to the tensions that have structured it. As it will be shown, the tensions described by Leys are to be found not only on the basis of the PTSD category, but in the predominant use in Psychology as well as in the everyday language. Laying out these tensions will allow me to propose how the different positions offered by UNICEF to the affected people sheltered in Fuerte Tiuna are fraught with meaningful contradictions.

The construction of trauma: between the mimetic and anti-mimetic tendencies

In her work, Leys¹⁵ places the emergence of the notion of trauma in the tension between mimetic and anti-mimetic theories on the production of the damage. Rather than mutually exclusive explanations, these theories represent interdependent positions that sometimes collapse into each other.

Leys maintains that the (predominant) theorization identifies mimesis as the origin of the traumatic condition, which entails a kind of hypnotic imitation or identification – mimesis— between the subject and the traumatogenic event after which the victim is impeded from recalling or consciously representing the original event, and is thus fated to act it out or imitate it. From this perspective, the traumatic experience would shatter the victim's cognitive and perceptual capacity in such a way that it does not become part of the ordinary memory system, and is stored in a special traumatic memory system to which the subject has no normal access. From this mimetic perspective, the victim appears as so profoundly immersed in the traumatic scene that this identification precludes the distance necessary for cognitive knowledge of what has taken place. Following the subject's 'absence' from the traumatic scene, the event is reactualised in the present, in the form of 'literal memories' such as flashbacks, repetitive nightmares, hallucinations and intrusive thoughts. Under these conditions, eliciting the intact images of the traumatic is presented as associated with a potential for "retraumatisation". In this context, amnesia appears as "a kind of post-hypnotic forgetting that risked being irreversible since (...) the traumatic scene was never present to the hypnotized subject and hence was constitutively unavailable for subsequent representation and recall" (Leys, 2000, p. 9).

¹⁵ In the following text, all references to Leys allude to her book 'Trauma. A genealogy' (2000) Chicago: University of Chicago Press.

Mulhern (1994) sustains that this ‘absence’ of the subject from the traumatic event can be traced back to Janet’s hypothesis on hysteria, according to which when hysterics lived traumatic events, they were incapable of representing them within a unified memory. Historically, the development of hypnosis is identified as having played a major theoretical role in the mimetic conceptualisation of trauma, since the “tendency of the hypnotized persons to imitate or repeat whatever they were told to say or do provided a basic model for the traumatic experience” (Leys, 2000, p. 8).

Assuming that hypnosis involves an altered state of consciousness, the production of trauma is assimilated with a hypnotic condition, such that the amnesia following the traumatic shock is presented as analogous with the posthypnotic forgetting. In both situations, a fundamental condition is the ‘absence’ of the conscious subject from the traumatic scene.

Leys claims that this mimetic perspective on trauma leads to a crisis of representation, to the extent that the traumatic event has not actually been experienced by the subject, who has thus been incapable of integrating it into his psyche:

Trauma in its literality, muteness, and unavailability for representation becomes a sacred object or ‘icon’ that it would be a ‘sacrilege’ to misappropriate or tamper with in any way (Leys, 2000, p. 253).

To the extent that what is held in the subject’s interiority is not a representation of the traumatogenic event, but the event itself, the mimetic model supports a discourse that identifies event and impact, for example through references to the “mass trauma” of the disaster [T31-PRESS]. The confusion between trauma as a noun and as an adjective (Papadopoulos, in press) seems to be a reflection of the operation of this mimetic theory.

The absence of the subject from the traumatic event (and the storage of the experience as a “traumatic” rather than “narrative memory”) leaves only the possibility of its externalisation and re-enactment –in present tense— during hypnosis-like activities (such as intrusive memories of flashbacks) in which the experience –integrally stored within the subject— is performatively communicated. The cure by abreaction would result from the release of the energy invested in the repression of such traumatic memories (Young, 1995).

This literality of the re-enactment is what seems to prompt the contagion of trauma, as witnesses are not confronted with a narrative of the experience, but with the event itself. At the same time, it highlights the importance of knowing the traumatogenic event for treatment purposes, as such knowledge would provide fundamental clues for the understanding of the subject's symptoms. UNICEF's intervention can be considered as providing a stage on which subjects can externalise the traumatic experience—that has 'entered' unmediated into their internality—and in which the literality of the performance provides clues as to the reality of the traumatic event. Understanding the subject's trauma depends here on the identification of the original traumatic event, which would explain the subject's present condition, of which it would be an imitation or repetition.

The theatricality of therapeutic intervention to treat trauma reflects this impossibility of representing it, in front of which interveners provide a setting in which the event can be exteriorised in performative form. Through performance, the 'brokenness' of trauma is literalised in the subject that performs it (Phelan, 2001). In this way, the subjunctive is turned into indicative: the 'as if' of the destruction is turned into the 'is' of the broken subject. One of the consequences of this transformation of the subjunctive into indicative is the search for neurobiological mechanisms of trauma, which would consolidate the asymbolic nature of the process and its symptoms.

This mimetic theory of trauma poses important questions as to the veracity of the subject's accounts; the fabrication of false memories appears as a possibility associated with the idea of suggestibility. In a similar direction, the model puts forward the potential for identification between the event/aggressor and the victim, who would incorporate (and, therefore, share) the violence directed towards them.

Although a Freudian origin is attributed to this mimetic argument, Mulhern (1994) points out that the direct attribution of people's traumas to past negative events belonged to a 'first' Freud, who had suggested the possibility of recovering lost memories of past or infant sexual traumas through abreaction in order to re-place them in the unified conscious memory of the patients. However—Mulhern (1994) claims—Freud later realized that his 'search' for the 'original' trauma was inevitably undermined by the malleability of human memory: as reminiscences that emerge into consciousness were marked by affection, it was not possible to find in them reliable vestiges of reality

and it was impossible to distinguish between truth and fiction in a patient's recollections.

Similarly, Leys points out that Freud's seduction theory is not a simple causal theory. The originary status of the traumatic event would have been disputed by Freud who attributed, instead, to its recollection by the subject and the attachment—in the process—of sexual meanings. The traumatic condition of a particular event would, derive from its subsequent recollection, understanding and interpretation by a subject who invested it with emotional/sexual contents or connotations. This psychic elaboration "made the traumatic experience irreducible to the idea of a purely physiological causal sequence" (Leys, 2000, p. 19).

In tension with the mimetic theory, Leys identifies anti-mimetic tendencies in the trauma field. Although they present imitation as essential to the traumatic experience, it is understood in a different way. According to the anti-mimetic posture, during the hypnotic imitation the subject "is essentially aloof from the traumatic experience in the sense that she remains a spectator of the traumatic scene, which she can therefore see and represent to herself and others" (Leys, 2000, p. 299).

This anti-mimetic position asserts the dichotomy between the subject and the external trauma, which appears as an event that assaults the autonomous subject from the outside. While the mimetic position leads to a questioning of the veracity of the content of the victim's traumatic acting out—which is attributed to a "confabulation associated with the hypnotic rapport" (Leys, 2000, p. 10)—the anti-mimetic theory leaves no space for complicity between the victim and the therapist (or the traumatic event). The essential truth of the traumatic memory—resulting from the original detachment from the traumatic experience—allows for an assertion of the subject's condition as a victim.

Tensions between the mimetic and the anti-mimetic models in the production of trauma are reflected in the instability of cures proposed. For instance, if promoting catharsis is a way of accessing the traumatic memory, does its success depend on the cognitive recovery and integration of the traumatic memory or on the emotional intensity of the cathartic discharge? In the same sense, is the treatment aimed at remembering or at forgetting the trauma? Are victims simulating their symptoms or are they re-enacting

traumatic experiences? Trauma theory not only leaves these questions unsettled, but through its alternations and contradictions, tends to collapse one position into the other.

On Leys's account, these tensions are an inescapable result of the way the discourse on trauma has been structured, such as "to invite resolution in favour of one pole or the other of the mimetic/antimimetic dichotomy and to resist and ultimately to defeat all such attempts at resolution" (Leys, 2000, p. 299).

These tensions between mimetic and anti-mimetic perspectives are found in the PTSD category, which constitutes an immediate reference for the trauma-based intervention, including the one carried out by UNICEF in Venezuela. With its inclusion, in 1980, in the DSM-III (the third edition of the Diagnostic and Statistical Manual of Mental Disorders), Post-Traumatic Stress Disorder was incorporated into the listing of psychiatric disorders of the American Psychiatric Association, marking thus its consolidation within mainstream psy-disciplines and turning it into an important reference for the contemporary understanding and experience of trauma.

PTSD AND THE CONSOLIDATION OF TRAUMA AS DIAGNOSTIC CATEGORY

Although a detailed review of the category is outside the scope of this research¹⁶, it seems important to point out that the construction of PTSD in no way solves the contradictions at the core of the history of trauma, as demonstrated by research and theorization that –appealing to the category— advocate different intervention perspectives regarding the relationship between the subject and the traumatic event.

Contrary to the norm in the DSM categorization (in which no etiological agents are identified) PTSD is presented as a disorder that emerges following an event "outside the range of usual human experience" (APA, 1980). The establishment of this clear relationship between the event and the disorder –telling of the historical constitution of the notion—is, according to Themel (2001) one of the factors from which the concept derives much of its "notional strength". Through its inclusion in the DSM, the mental health establishment accorded PTSD the status of scientific truth, "supposedly representing a universal and essentially context-independent entity" (Summerfield, 1999b, p. 1450).

Within the model of trauma institutionalised by PTSD, it is constituted it as a disorder of memory (Leys, 2000). In the words of Young:

PTSD is a disease of time. The disorder's distinct pathology is that it permits the past (memory) to relive itself in the present, in the form of intrusive images and thought and in the patient's compulsion to replay old events (1995, p. 7).

The difficulty of remembering (due to amnesia) and the impossibility of forgetting (posed by recurrent flashbacks, for example) are presented as part of a single dynamic by which the traumatic experience appears as inaccessible to normal consciousness.

The model of trauma embodied in PTSD supports a simple causal link between the disaster and the psychological impact, while denying the subject's participation in the production of the damage. These two traits of the PTSD category seem to reflect the way in which it was conceived as a socio-political response to the demand for compensation and social recognition of Vietnam Veterans following the ostracism and indifference with which they were met after the American defeat in the Vietnam war (Summerfield, 1999b). Besides turning the veterans' suffering into a "service related disability" for which they could claim compensation and benefits, PTSD exempted those so diagnosed from social responsibility. The combination of social recognition and material compensation turned PTSD into one of the few psychiatric diagnoses in popular demand (Summerfield, 1999b) within a growing "culture of victimhood" where admission to one or another victim group confers psychological, moral and material advantages to its members (Bracken et al., 1997b; Dineen, 1999; Summerfield, 1996).

For Vietnam Veterans, the PTSD diagnosis implied that "all participants in that war (...) are alike casualties of an external trauma that causes objective changes in the brain in ways that tend to eliminate the issue of moral meaning and ethical assessment" (Leys, 2000, p. 7). Thus, the category collapses the distinction between victims and perpetrators, while simultaneously dispensing with the issues of individual autonomy and responsibility:

PTSD offered Vietnam veterans legitimated victimhood, moral exculpation and a disability pension through a doctor-attested sick role - a powerful combination (Summerfield, 1999b, p. 1450).

¹⁶ A fascinating account of the emergence of PTSD is presented by Young (1995).

The proposal, during recent years, of physiological causal theories of shock that attribute trauma to biochemical changes in the brain have served to reassert the biological individual and deny his or her participation in the psychic elaboration of the traumatic experience, and even more in its production (Leys, 2000).

With its consolidation as a diagnostic category listed in the DSM, ‘trauma’ becomes more than –paraphrasing Lakoff (1980) – a metaphor we suffer by and turns into a scientific entity legitimised within the medical profession, to which practitioners could refer to classify and organise their patients and with which people could identify themselves.

The implications of the use of this category in the context of war (and to a lesser extent, natural disasters) have been extensively discussed in the literature. In particular, arguments refer to the way the notion pathologises the victims’ suffering, displaces the attention from structural conditions and supports short-term interventions whose efficacy has not been substantiated (See Gist, Woodall, & Magenheimer, 1999; and Lohr, Montgomery, Lilienfeld, & Tolin, 1999, for an in-depth discussion of the issue of efficacy).

The condition of PTSD as a psychiatric category –and consequently the location of the discourse within a medical framework— has been associated with a pathologisation of the impact of disasters and the stigmatisation of those affected (Jones, 1996). This has been analysed –in particular— regarding the implementation of trauma-oriented projects in the context of conflicts. In this sense, Becker reminds that “[t]he ‘D’ in PTSD stands for disorder. When talking about genocide, torture or political repression it seems totally out of order to label victims as ‘disordered’” (1995, p. 28). Furthermore, this pathologising language frequently mirrors that of perpetrators, who precisely justify their cruelty on the “disordered” character of their victims. In a discourse that reasserts the medical framework, Becker warns that PTSD “reduces the illness to a number of symptoms, while at the same time being very vague and basically uninterested in the social context that produces the symptoms” (Becker, 1995, p. 27). In the same direction, he discusses how symptoms tend to appear or disappear depending on social processes (such as the imprisonment of perpetrators), rather than as part of an individually recognizable logic. For this reason, some authors have defined symptoms as metaphors of social destruction (Lira et al., 1989b) or expressions of suffering with a

communicative value (Barudy, 1989), rather than as universal expressions of internal processes. Supporting this position, Zur (1996) has pointed out the different meanings that PTSD features are assigned in different cultural settings, while Bracken et al. (1997a) have specifically referred to the diverse value of ‘nightmares’ across cultures. These differences between cultural settings in which categories are embedded are frequently ignored in the use of the PTSD category (Summerfield, 1997; Themel, 2001).

As for the spaces of intervention afforded by PTSD, Papadopoulos has pointed out that its use conditions any professional meeting with those affected to the construction of their suffering within a mental health paradigm (i.e. as a “disorder”) and the site of the contact in a context of a mental health referral network (Papadopoulos, 1998). More crucially, the PTSD category has been criticised for its use in the context of interventions that aim to remain “objective and politically neutral” (Cf. Paramjit, 1998) and provide “impartial aid” (Paramjit, 1996, p. 180) in the context of war and conflict.

In what follows, I will examine the consequences of employing this diagnostic category in the interaction of UNICEF with the affected population sheltered in Fuerte Tiuna. I will focus on the positions that the reference to trauma makes available or denies to those participating in the intervention and the consequences of appealing to the notion to refer to the condition of a population marked, not only by the consequences of the disaster, but also by social exclusion.

UNICEF’S INTERVENTION: WITHIN THE OSCILLATIONS OF TRAUMA

In UNICEF’s intervention, the contradictions that infuse the notion of trauma are clearly displayed in a discourse that justifies the intervention by reference to the risk posed by untreated trauma and in the treatment practices and alternatives that are introduced as part of the intervention.

Trauma and risk management

The implementation of UNICEF’s intervention is supported on a discourse about risk, which asserts the potential threats posed by untreated trauma. Future scenarios dominated by crime [T53-INT-IMP], emotional sequels [T9-PRESS] or war [T5-DOC] are predicted should the project not be implemented.

The mimetic perspective on trauma is present, in two forms, on the basis of this discourse on risk. Initially, as the impossibility of representing trauma fates the subject to re-enact it, internalised violence would be reproduced –without subjective mediation— as externalised violence. Secondly, as what is re-enacted is the original traumatic event itself, traumatic contagion appears as inevitable. This idea of trauma reproducing itself as a cycle of violence has been employed to predict (although not verify) an increase in wars, drug abuse, rate of delinquency, conduct problems and even sexual promiscuity (Paramjit, 1996) amongst populations that have been the victim of disasters and wars.

These assertions are presented although the literature not only fails to provide data to support this “cycle of violence claim”, and despite the availability of data that supports the opposite conclusion. In this sense, Armenian quotes a review published in *The Lancet* in 1942 according to which data from England substantiated that air raids were not responsible for any “striking increase in neurotic illness”¹⁷ (Armenian, 1989, p. 643). The absence of a massive psychosocial operation following World War II has not been associated with extraordinary mental disorder amongst the concerned populations.

Summerfield has criticized this way of approaching war with a medicalised gaze borrowed from the psychiatric clinic and the idea that abused or traumatized people “can turn into abusers later in life” (1999b, p. 1457). For to Summerfield this poses a fundamental issue:

Are we to see human history as simply the result of countless traumatised generations handing on the unexpiated damage they inherited? (1999b, p. 1457).

Within UNICEF’s project in Fuerte Tiuna, the risk posed by the disaster is described in terms of expansion: individual –as displacement of the trauma from the subjects’ interiority to others around them —and social– as disorder and conflict. In both cases, the intervention appears to promise social and individual containment associated with a project of government supported on (internal and external) control. The expansive nature of trauma and its (quasi) infectious character –which is referred to as a risk to society and, particularly, to helpers— seems to back assertions about the massive

¹⁷ Lewis, A. Incidence of neurosis in England under war conditions. *Lancet* 2, 175, 1942.

character of the “trauma” and the need to extend the project to as many people as possible.

These references to massive trauma –alluding simultaneously to the disaster and its psychological impact— are employed to introduce a ‘normalizing’ discourse (as opposed to a ‘pathologising’ one) within which PTSD symptoms are presented as ‘normal’ symptoms. As a means to disown a clinical perspective¹⁸, the intervention appeals to the use of ‘traditional’ methods for the treatment of conditions, which are – nevertheless— described with clinical categories. Hence, the intervention places the choice at the level of treatment strategies rather than at the ontological level.

Pupavac (2001b) argues that this prescription of a pathological response as the norm is part of the construction of trauma projects as forms of risk management, founded on the contention of fears of unrecognised and untreated conditions that could be responsible for psychological and social dysfunctionism. These projects –which have an essentially vulnerable subject as its target— remain relevant for policy makers as they agree with the contemporary metropolitan risk consciousness dominating in the Western world. In the case of Venezuela, the discourse on risk supports the presentation of UNICEF’s intervention as a part of a preventative strategy for “primary mental health” that –the organization proposes—should be part of wider social policy.

The generalization of the pathological seems to function also as a resource for advocacy and fundraising, in a climate of competing demands that justifies giving priority to spectacular problems (Boyden, 1994). At the same time, the medical framework in which PTSD is framed promotes individualistic interpretations of suffering and episodic and apocalyptic images of emergencies, in the context of which solutions are based on casework rather than on transformation of the social structures (Beristain & Dona, 1997).

The cure

The tension between mimetic and antimimetic theories appears in UNICEF’s intervention in the contradictory terms introduced by the treatment options put forward by the intervention. Characteristic of these tensions is the way in which promotion of

¹⁸ UNICEF’s documents refer to recovering and supporting “traditional ways of treating psychoaffective dysfunctions” [T5-DOC], on the assumption that such “dysfunctions” (as opposed to their treatment) are timeless and universal.

play –simultaneously as a form of re-enactment of trauma and of symbolization of the experience— speaks of different assumptions about the origin and reparation of the damage.

In the first case, activities are marked by their theatricality (preferring performance over the construction of narratives) and children's expressions are considered as literal depictions of their (interiorized) experience of the disaster.

In this sense, the children's drawings at the start and at the end of the intervention were compared for the presence or absence of images of dead people and destruction, their diminution taken as signals that the trauma had effectively been expunged from the children's interiority. This is also invoked in the use of the methodology after the earthquake in Colombia, during which children's play is described as covering the dolls with debris, rescuing them, transporting and burying them, an activity which would have allowed children to tell "in a simple but direct manner the happenings experienced during the traumatic event" [T5-DOC].

In the second case, the use of globes with drawings and phrases expressing children's feelings and thoughts appear as a form of symbolization, with the understanding that what children do with the globes (letting them go, burning them and so on...) is engaging the experience with a wider network of meaning that entails a form of processing through psychological structures.

The inconsistencies that participating in the mimetic/antimimetic perspective imposes on UNICEF's project are revealed in the proposed use of dolls as a part of the 'knapsack of dreams' to bring about a "cure by suggestion" [T4-DOC] amongst children presenting psychosomatic symptoms. As described in UNICEF's handbook, the "cure by suggestion" places the healing power on the mother's authority to induce a state of hypnotic acceptance in the child. In order to promote this cure, the mother is instructed to address the child with the following words:

I know how to make your pain go away. Before going to sleep, I will put one of this little dolls from this bag (...) under your pillow and tomorrow it will have disappeared, because it will have taken your pain with it.

UNICEF's instructions continue as follows:

When the child has fallen asleep, the mother or the carer must take away one or

more little dolls, according to the problems of the child, and hide them. When the child wakes up, it will verify that the little doll is gone, and therefore it took pain with it [T4-DOC].

The mechanisms implied in this “cure by suggestion” equate the force of the disaster with the mother’s hypnotic power; the production of the psychological impact and the child’s vulnerability to the mother’s command describing here a single receptivity that leads both to the production of trauma and to its resolution.

While, on the one hand, the use of the dolls seems to echo the image of the victim of trauma as being in “a state of imitative-hypnotic suggestibility” (Leys, 2000, p. 299) – associated with the mimetic perspective—, on the other, the appeal to the child’s conscious representation of the dolls as healing agents seems to refer to the antimimetic position. In any case, arguing for a cure on these premises seems to question the veracity of the child’s symptoms and –with it— of the originary event, which is posed as “imaginary”. In this way, the cognitive impairment associated with the mimetisation at the origin of the trauma is denied by the appeal to consciousness implicit in the use of the dolls.

This same contradiction appears in the way discourses position Enrique’s loss of mind – presented before— as a “unique adventure out of the nightmares that others were reviving, second by second” [T32-PRESS]: the impossibility to remember and to forget appearing as tied to a single psychological dynamic.

The appeal to cognitive process –that seems to oppose the mimetic position— is also expressed in the demand (interveners present to the population) to distinguish between the imaginary and the real, as if the trauma had deprived them of their rational capacity, and its absence could be solved by an appeal to rationality. This argument is produced – for example— in the reflection of the Red Cross coordinator for the emergency to my enquiry as to how to hand the traumatic:

...how do you handle the traumatic event? Well, with the reality [T42-INT-DES].

During the transition to the “psychosocial” references to suffering do not fundamentally alter the attribution of the impact to a traumatic mechanism, although this is placed in a wider framework that refers to community, rights and participation. In this case, the reference to “reactions” instead of symptoms in discourses –including my own— and

the location of the disaster in the (more or less abstract) structural conditions in Venezuela, is marked by a significant political naïveté.

After analysing for this thesis the text I authored for UNICEF –but directed at the beneficiary population—this naïveté became evident. Firstly, although the affected population had no participation in the elaboration of the document, it was presented as reflecting the affected’s voice. Secondly, the recognition of the macro-social structural conditions that support exclusion in Venezuela does not result in the proposal of structural changes, but is responded to by the promotion of skills for community organization and communication that, aimed at the cognitive sphere, place the possibility of change, at least initially, in the unitary rational subject and his capacities. The appeal for (micro-social) mobilization together with the promotion of the subject’s capacity to process memories that appear as “locked in the mind” (Bracken & Petty, 1998, p. 4) configure an ambivalent discourse that is articulated in a dialogue with the institution rather than with its alleged beneficiaries. The fact that UNICEF set a very short deadline for the elaboration of the texts, not only precluded the generation of a participatory process for its production, but also assumed –as I did then— that as a progressive psychologist familiar with the issue of disasters I was in possession of the knowledge that would make the text relevant for those affected.

The lack of correspondence between my intentions and the meaning of my actions seem to result from the way in which positions (in this case, as a psychologist within a short term emergency intervention) conditioned the effect of my actions by their location in the context of the intervention and how –as Kelly (2000) has pointed out— their critical understanding surpassed my own understanding (as actor) of their character as intentional.

Although following the transition to the ‘psychosocial’ relevance is attributed to structural factors, the focus on the internality (as indicated by the constancy of the prefix “psycho”) functions to restore references to suffering and the social within a discourse on trauma.

While in the developed world the notion of trauma –specifically the diagnosis of PTSD— warrants compensation and social status, what are the consequences of using it to address a population marked by social exclusion and simultaneously placed as

victims and sources of problems? In the following section, I will analyse the shape that the discourse on trauma takes within the social and political conditions of the disaster in Venezuela, with special reference to its operation in an intervention aimed at the excluded population.

TRAUMA AND THE OTHERNESS OF PAIN IN VENEZUELA

In Venezuela, UNICEF's appeal to the notion of trauma within the "psychoaffective" and the "psychosocial" discourses provides a language with which to communicate an experience deemed 'ineffable' within the dominant trauma model while, at the same time, functioning to set up identities that operate paradoxically across the social divide that marks the disaster. Within these identities, the 'otherness' of pain is asserted or denied with divergent consequences for those affected.

The incommunicability of suffering

The woman cuddled her son in the way of a strange trance that was far beyond human understanding. Silence covered the scene [T32-PRESS].

As we have seen, one of the central tenets of trauma theory is the incommunicability of the experience. This 'unspeakable' character is asserted despite suffering being firmly embedded –contrarily to bodily pain (Scarry, 1985)— in what Barthes (1982) refers to as "surrounding languages", provided by religion, popular culture and history (to name a few) within which it is fixed in the web of discourses and practices that provide subjects interlocution as part of a shared experience.

The assertion of such ineffability allows PTSD to be presented as a resource for the intelligibility of the pain caused by the disaster. The reference to PTSD –and to 'trauma' in general— affords an established language and a model through which it is possible to communicate about the object of the intervention and upon which to build a consensus – endorsed by science— about the appropriate course of action following the disaster.

In this sense, it is valuable to recall Barthes's (1982) contention concerning the force of structures as being 'what is desired in them'. To name 'trauma' is to get rid of the multiple positions that signify the experience for those affected, to dispel the anxiety

associated with the ubiquitousness of suffering in life and to fix the experience in a particular (regulated) site –within the self— where it can be controlled.

However, in Fuerte Tiuna the issue of ‘incommunicability’ seems to take a different form to that proposed under the trauma model. While the discourse on trauma certainly supports practices within which the complexity of suffering is substituted by the linearity and regularity offered by the PTSD model, in Fuerte Tiuna it functions to set up positions and identities that regulate the interaction between UNICEF (and its personnel) and the affected population.

In an extremely polarized social situation, like the one in Venezuela, the discourse on trauma intersects with the one on suffering to produce categories and relations that justify the ‘deservingness’ (or not) of the affected population. As it will be shown, these categories are not pre-existing to the interaction, but appear as part of a discourse that simultaneously produces and enacts institutional relations (Burman, 1996).

Within UNICEF’s intervention the role of psychologists as “authenticators of suffering” (Bracken et al., 1997b, p. 436) is cut across by their positions as upper and middle class and the discourses –on the issue of poverty and its origins—predominantly articulated from such positions.

The notion of trauma seems to facilitate the transaction between these middle and upper class interveners and the (social) ‘other’ represented by those affected by the disaster. However, for interveners accessing the ‘other’ from a discourse based on trauma has complex consequences. It generates an identity based on shared psychological structures, while it allows to reassert social distances, by denying the experience of suffering, once the mechanisms of trauma have been bracketed by the influence of the history of poverty and exclusion.

Identities (and differences) by reference to the traumatic

In UNICEF’s discourse, the “otherness” of people in Fuerte Tiuna was simultaneously marked by the incommunicability of their experience and by the social gap between the interveners and the affected population.

The discourse on trauma provides conditions of possibility for the construction of an identity between the interveners and the affected population. As it will be shown, this

identity is (paradoxically) undermined within a discourse on suffering, to the extent that those affected are positioned in a separate social space constituted through a history of poverty and exclusion, within which they are turned into radical ‘others’ with whom interveners have no grounds for identity.

While, as it has been discussed above, the PTSD category has been criticized due to its role in objectifying people’s experience, the use of this category in Fuerte Tiuna seems to have a paradoxical impact, to the extent that it allows the interveners to assert an identity with the beneficiary population in the context of an extremely polarized social and political setting.

This identity responds both to the assertion of universal psychological structures and processes and to the mimetic model that is dominant in the trauma field. On the one hand, the appeal to trauma places the discourse within the dominant psy-disciplines, through which the subject’s core identity –centred on the psychological— places interveners and beneficiaries as fundamentally similar. On the other, the expansive claims that are founded on the mimetic theory of trauma –and which attributes the same impact to having been direct victims, witnesses or helpers of the victims— promotes spaces within which interveners and the affected population can be members of a same category of subjects. Within the social polarisation prevailing in Venezuela at the time of the disaster (and deepened since) the appeal to PTSD –with its expansive claims— supports a discourse that generalises the disorder and maintains an inclusive identity based on the psychological. This allows interveners to assert “we were all affected”, providing a basis for a ‘solidarity’ based on the shared traumatic condition through activities such as mutual support and self-help groups. Additionally, the appeal to trauma supports the positioning of those affected as victims of a condition for which they hold no blame.

The importance of identifying the interests of the project and those affected was evidenced by guidelines that UNICEF presented to a group of professionals –including myself— who had been asked to write a set of leaflets, and which indicated that they were to be written in the first person plural, that is, presenting the narrative from a collective perspective in which the authors were participants as part of a “we”.

This generalisation of the traumatic dynamics under which destruction becomes pain (although defined as a psychological object) allows thus for the generation of an inclusive (pre-social) identity that functions to recognise the “humanity” of those affected that is independent of the material conditions of their existence. The use of trauma promotes a form of compassion on the basis of a psychological category, by which interveners are placed as participating in the affected’s pain through their identity in structures and experiences.

The consequences of the use of trauma to understand and act upon the impact of wars and disaster have been briefly presented above and widely discussed in the literature (Cf. Becker, 1995; Becker, Castillo, Gomez, Kovalskys, & Lira, 1990a; Becker et al., 1990b; Becker, Morales, & Aguilar, 1994; Beristain, 1999; Beristain & Dona, 1997; Beristain & Riera, 1992; Boyden, 1994; Bracken, 1998; Bracken et al., 1997a, 1995, 1997b; Bracken & Petty, 1998; CPFH, 1999; Gibbs, 1996; Harrell-Bond, 1996; Papadopoulos, 2002, in press; Pupavac, 2002; Richardson, 1998; Summerfield, 1995, 1996, 1997, 1998, 1999a, 1999b, 1999c; Summerfield & Toser, 1991; Zur, 1996).

These criticisms refer to the consequences of constructing trauma within a psychological language that while pathologising the experience displaces the attention from the structural conditions that socially distribute suffering to the internal mechanisms of those affected. Alternative perspectives on the psychological impact of the disaster have emphasised the complexity of the dynamics of destruction, the impossibility of reducing the experience to a causal-temporal sequence as described in PTSD (with the associated oppositions between past-present and outside-inside) and the consequent inadequacy of promoting intervention strategies focused on reconstruction as an internal process.

Within UNICEF’s intervention, the shift to a discourse on suffering –at least in some instances— aims to avert such criticism by vindicating the subject as an interpretative agent, whose subjectivity makes it impossible to reduce the impact of the disaster to a causal sequence as described in PTSD. The appeal to ‘suffering’ can be accounted for on the basis of the complexities of the interaction in which UNICEF’s intervention is embedded, both in the local context of the intervention in Fuerte Tiuna and as part of the wider network of humanitarian interventions at international level.

The shift of the discourse on trauma to the one on suffering –which is most evident during interviews— can be seen as partially responding to the contradictions that I—as a researcher and at times co-intervener— posed to UNICEF’s officials on the issues of the emergency response and its consequences in the midst of the social conditions that framed the disaster. In this sense, it was an immediately ‘occasioned’ discourse that specifically responded not solely to my inquiries regarding the pertinence and limitation of a project focused on the internal, but to a “psychosocial” perspective that I was seen to represent.

My critical position on trauma projects had been expressed in governmental and non-governmental instances since the start of the emergency and also through my association to Social Psychology bodies and well-known social psychologists in Venezuela with whom I had coordinated the Family Reunification Project during the first months of the emergency. In this sense, I as a researcher became a “provider of occasions” (Pool, 1991) for the production of a critical discourse on the issue of PTSD. The possibility of responding from a critical standpoint, however, was grounded on a professional and academic tradition suspicious of individualistic solutions to social problems. At another level, references to suffering were part of UNICEF’s discourses before the intervention in Venezuela, and –in this case—they appear as a means to fend off anticipated criticism on the reliance upon the PTSD category in the context of wars and natural disasters, while presenting UNICEF’s intervention within a progressive agenda. The discourse on suffering responded to two forms of interpellation: a direct one, put forward by myself (and the position I represented) specifically concerning Fuerte Tiuna; and an indirect one, in which critical ‘humanitarian’ practitioners appear as interpellants.

The way the discourse on suffering operates in Fuerte Tiuna is bound to its condition as a space of contact –in the midst of great social and political polarisation—between middle and upper class interveners and destitute ‘damnificados’. In the gap revealed, the discourse on suffering –founded upon the recognition of structural conditions that mark people’s predicament— constitutes an unstable framework from which psychologists can justify their intervention on identities built outside a discourse on the traumatic.

The way in which interveners dealt with the marked contrast between their privileged condition and the destitution of the beneficiary population allows us to illustrate how

social differences were generally silenced. The account of a brief interaction between a psychologist visiting Fuerte Tiuna to participate in a workshop and a group of women sheltered there illustrates this strategy. According to the psychologist, when passing by the women they commented on her apparent wealth and sheltered life, and dismissed her skills by comparing them with their resilience and experience in dealing with adversity. When asked to comment on the women's awareness of their difference in status, the psychologist attributed it to not having "dressed down" for the workshop, as she would do when working in 'barrios', but also to "class differences (...) exacerbated by external factors" in reference to the discourse of President Chávez (Alida Cano, personal communication). The recognition of class differences alongside the demand to dissimulate them (through a "dressing down" that would be more inclusive) is illustrative of the tensions interveners faced when addressing the issue of class ascription in the context of a discourse on suffering.

Within this discourse on suffering, the condition of poverty and exclusion of the beneficiary population is described as placing a hiatus on the normative impact of the disaster as described by reference to trauma. The "interruption" —of what would have otherwise been expected normal reactions— is elaborated by reference to the exceptionality of the population in relation to a subject modelled on the standards of the upper and middle-class, that is, of the interveners themselves. This 'marginality' is described as providing continuity with people's past condition and denying the traumatic rupture; endowing them with negative personality traits —described before and placing them, not fundamentally as victims of the disaster but as sources of social problems. In the face of these differences —in social class, cultural background and perceived capacity to handle adversity— a discourse on suffering supports an appeal to feelings elicited by the other's situation, although leaves little space for identification between interveners and the affected population.

While the discourse on trauma places people's experience on a par with that of the rest of the Venezuelan society, the discourse on suffering functions (paradoxically) to dismiss the losses, which are banalised on the basis of their familiarity with pain and destitution. On the assumption that there is no rupture (therefore, no trauma) the experience of the disaster is placed in a continuity of negative events which denies its exceptionality.

While it would be possible to disown this discourse as not reflecting UNICEF's institutional position (and resulting from operational alliances with partner institutions beyond its control) its reiteration in UNICEF's documents that precede the intervention in Venezuela seems to refer to the operation of class positions that shape the psycho-complex. According to this discourse, poverty and exclusion are to be blamed on people's condition and action, and such blame is reflected in the organisation's strategy.

The appeal to suffering as a resource for discouraging (poor) disaster victims from 'misbehaving' is presented in UNICEF's *Volunteers Handbook* for its "psychoaffective" intervention. This text, aimed at teachers and young volunteers working with victims of disasters and wars, provides an explanation about the origin of such conditions that reveals—at the same time—the moral character of their victims:

*The poorest children of the less-developed continents are in a situation of social disadvantage and run an even greater risk of suffering. Internal conflicts and wars due to inequity proliferate in the South. The majority of inhabitants of this other part of the world subjected to absolute poverty are forced to deforest the land and live in eroded and dangerous areas in subhuman conditions. **They are the first victims of their own misconduct, causing themselves and the following generations suffering that could be avoided.** After an earthquake an orphan said to me, "Suffering is worse than dying." And his grandmother taught me, "It is worse for the one who remains than for the one who passes on ..." [T5-DOC] (emphasis added).*

In opposition to this assertion of the destitute as culpable for their own suffering, a report drafted by CEPAL (2000) after the disaster in Venezuela specifically addressed the issue of responsibility to deny the significant role of human action and assert that the primary origin of the disaster was to be found in the extraordinary amounts of rain at the time.

The discourse on "suffering" as articulated in the context of UNICEF's intervention seems to function as what Jodelet (1991) calls "practices of separation", that is, symbolic apparatuses for the maintenance of exclusion. The 'otherness' of those affected is elaborated on a discourse that not only tends to dismiss their pain, but also blames them for the occurrence of disasters and wars. At the same time, this discourse reasserts the privileged position of interveners, whose investment in the situation of exclusion is occluded.

While certainly trauma can be considered as a way of “making up people” (Hacking, 1986), that is, of setting up a certain type of person that individuals can conceive themselves as being, this process is not solely determined by the positions that the category makes available, but also by the concrete interactions within which the category is used (or contested) to construct and describe people’s situation as they perform specific activities. In the case of UNICEF’s intervention in Venezuela, the notion of trauma functions in paradoxical ways, as it allows interveners to generate spaces for identity, that –nonetheless— are founded upon the pathologisation of those affected. The recourse to a discourse on suffering, while allowing the framing of people’s condition within structural issues, functions to reassert the separation with those affected, and with it, to appeal for explanations that tend to deny the impact of the disaster on the people in Fuerte Tiuna.

What the discourses on trauma and suffering do, in this context, is associated with the marked social polarization of the Venezuelan society and the concrete mechanisms by which exclusion is symbolically and materially reproduced in the context of social relations. The discourses that dispute the “deserving” condition of those excluded –and, that in the case of Fuerte Tiuna, appeal to the population’s behaviour while in the shelter, particularly as interveners’ expectations regarding gratitude, austerity, docility and continence were not fulfilled— engage with the rejection by the privileged sectors of what was considered the expansion of the poor to public spaces from which they had been previously kept away.

In the following section I will discuss the system of inclusions and exclusions that are constructed through UNICEF’s intervention in Fuerte Tiuna and the positions that, in the Venezuelan situation, would allow for the articulation of alternative discourses on suffering.

CHAPTER 11

SOME ETHICAL AND POLITICAL IMPLICATIONS

Although UNICEF's intervention aims to follow the "humanitarian imperative" and its will of impartiality, the way in which it is inevitably embedded in the Venezuelan social and political dynamics makes it participant in the system of inclusions and exclusions constitutive of them. To speak about the ethical and political implications of UNICEF's project is to refer to the way in which its practices promote forms of relations (to oneself and to others) that—in the Venezuelan case—engage with the processes of social marginalization and fragmentation deepened since the 1980s (Cartaya, Magallanes, & Dominguez, 1997).

I will discuss how relationships produced within the intervention reproduce (or contest) the dynamics of exclusion and inclusion that imply a separation in forms of life and access to standards and institutions for different segments of the Venezuelan society. This seems particularly relevant to the extent that UNICEF's intervention is performed within the pole of exclusion and this condition is explicitly acted upon by the reformulation of the project in "psychosocial" terms.

The central question, in this sense, is what type of social relations are supported by the theorization on trauma that underpins UNICEF's intervention in Venezuela. Such relations emerge not from an abstracted understanding of the impact of the disaster advocated by UNICEF, but by the way in which discourses and practices on the traumatic—together with the psychological models upon which they are sustained—are inextricably linked to the social conditions that make them possible in the Venezuelan context.

As Burman (1994b) has shown, the effects of these psychological models are much more than discursive: they enter the material structures of the populations concerned. In the case of UNICEF's intervention this comprises two levels: an immediate one, referring to the organization of attention to those sheltered in Fuerte Tiuna; and a

strategic one, concerning services and benefits accorded to those affected as part of public policy beyond the limited scope of the shelter.

By grounding this discussion on the ethical and political implications of UNICEF's intervention within the social dynamics that provide the condition for its realization, I would like to clarify how the site of the observation for this research—that is, the shelter established in Fuerte Tiuna—does not constitute the fundamental site where the explanatory principles of the intervention's effects are to be found.

I will conclude by discussing how alternative discourses and practices grounded on the notion of “ethical political suffering” (Sawaia, 2001) provide positions within which it is possible to address the issue of exclusion from an emancipatory perspective within the system of differences put forward by the intervention.

UNICEF'S INTERVENTION WITHIN THE POLITICAL AND SOCIAL DYNAMICS IN VENEZUELA

The implementation of UNICEF's intervention in Venezuela is productive of forms of relationship that engage with the dynamics of social exclusion in the country. Its ethical and political implications result partially from the way in which the positions it affords to those involved reinforce or challenge the social arrangements within which such social exclusion is maintained. I will follow a Foucauldian perspective on power according to which this should be understood not as “the exercise of some dramatic force emanating from a single point at the apex of the State” (Burman et al., 1997, p. 3), but as a function of the multiplicity of discursive practices that fabricate and position subjects within specific social arrangements.

These positions—produced within the relationships encompassed by the intervention—promote forms of self understanding and set limits and perspectives for individual and collective action that simultaneously produce those affected as beneficiaries of the intervention and subjects them to the regime of social management with which UNICEF's intervention is aligned. In this sense, ‘subjectification’ reveals as *assujettissement*—the original term used by Foucault—as simultaneously “the production of the subject and subjecting someone to something” (Hollway, 1989, p. 94).

Although a Psychological rationality is invoked to implement UNICEF's intervention, the way in which positions tendered to those affected engage with a dynamic of social exclusion reveals the intervention as supporting specific political projects and moral ideas within which the psychological discourse is embedded. These positions, in turn, support forms of action that refer not only to the situation within the shelter, but to those affected as part of Venezuelan society as a whole.

However, the framing of the intervention within the psy-disciplines constitutes an important obstacle for the acknowledgement of such an impact. By claiming to be supported upon 'scientific' knowledge, the intervention can be presented as inherently benign and built upon a politically neutral set of practices. Within Psychology, this is reinforced by a conception of ethics in legalistic and procedural terms, which generally precludes an examination of the power dynamics beyond the limits of the psychological practice (Fox & Prilleltensky, 1997). The fact that ethical codes in Psychology are largely based on individualistic principles which concentrate on the regulation of the therapeutic relationship allows practitioners to neglect far-reaching issues such as oppression, discrimination and inequality. According to Brown this is possible due to the basic assumption that "what psychologists do as researchers, clinicians, teachers, supervisors and consultants is basically benign and inherently of value because it is based on 'science' and it will remain good only as it is firmly anchored in 'science'" (Brown, 1997, p. 54).

An alternative understanding of ethics –which I will follow for this analysis—focuses on the forms of relations associated with the subjects and their modes of evaluating and acting upon themselves and the others (Foucault, 1997). This practical understanding of ethics comprises the processes by which subjects come to "construe, decipher, act upon themselves in relation to the true and the false, the permitted and the forbidden, the desirable and the undesirable" (Rose, 1998b, p. 153). Such ethical practices should be distinguished from the domain of moral systems: while the former refer to the specific types of practical advice as to how one should concern oneself with oneself, the latter propose "universal systems of injunction and interdiction" (Rose, 1998b, p. 30).

To the extent that these forms of relationships promote (or hinder) the subject's actions and understanding vis-à-vis the others, they constitute fundamental resources for the maintenance (or undermining) of social arrangements. In this sense, it is possible to

analyse the role of the intervention in regards to economic and political interests that are not made explicit to the population, and in the context of which Psychology appears as a “resource pool” through which competing groups maintain, lose or extend their power: “As a resource pool, psychology legitimises power relations, and can be used to alter power relations” (Moghaddam & Studer, 1997, p. 187).

The political and ethical impact of the intervention will be examined, then, not solely by reference to who holds the power to define problems and sustain operations consistent with such definitions but, more crucially, regarding the way in which the positions offered as part of the intervention function to maintain the social differentiation within which those affected are denied entitlement to the conditions of citizenship in Venezuela.

PSYCHOLOGISATION AND ITS CONSEQUENCES

A fundamental way in which the intervention engages with the social fragmentation in Venezuela is by the de facto separation that it establishes between the psychological and the political. This separation seems to be associated both to the ‘humanitarian imperative’ that demands political impartiality and also to the individual-society dualism upon which mainstream Psychology is founded.

This separation allows the intervention to focus on the universal subject (discussed before) and to predicate general mechanisms that would explain the psychological impact of the disaster. From this perspective, it is possible to theorize the relation between individual and society in terms of interaction, the terms of the relationship being posed as “antithetical, exclusive, separable and even pulling in opposite directions” (Henriques et al., 1998, p. 15).

This focus on the psychological has important consequences for the understanding of suffering amongst those sheltered in Fuerte Tiuna, their political stance in the Venezuelan society, the model of development advocated by the project and the operation of psychologists in the intervention. It operates, initially, to assert the universal subject and –with it— to deny the social and political fragmentation in which the intervention is embedded, particularly the fact that it was aimed at the pole of exclusion. The specificity of the suffering of those sheltered in Fuerte Tiuna is displaced

or ignored as the experience is constructed as common to all subjects, whose internality is organized according to similar structures and processes.

UNICEF presents a promise of psychological welfare under conditions in which social and economic well-being cannot be guaranteed. From this perspective it is possible to highlight the functioning of the disciplinary boundaries –beyond political naiveté— in the intervention’s pledge of “joy and happiness” [T4-DOC]. Such happiness – dissociated from the structural conditions that forecast the perpetuation of people’s exclusion— appears thus as expressing an ingenuous optimism fostered by the concentration on internal states.

Although UNICEF’s intervention had as one of its goals the normalization of people’s psychological reactions to the disaster, the location of the discipline as managing the opposition between health and disease results in the pathologisation of those affected and their experiences. According to Papadopoulos this pathologisation results from the way in which psychologists are “de facto located on the side of health and, perforce, against non-health or pathology” (1998, p. 457), this opposition between health and pathology being active in the narratives that psychologists elaborate when addressing any phenomena.

The division between the poor and the middle-class

This pathologisation is socially biased not solely by the way in which discourses blame those affected for their own problems, but by the fact that the site of implementation restricts those chosen as ‘beneficiaries’ to the poorest amongst those affected by the disaster. While the middle class –considered the true sufferer of trauma— remained inaccessible to interveners due to its resources and support networks, those who took shelter in Fuerte Tiuna –regarded as protected from trauma due to the continuity of their predicament— became the object of the humanitarian intervention.

Under these circumstances, the shift to a discourse on the social is simultaneously marked by a recognition of structural factors that determine their situation and by a banalisation of their suffering. The elaboration of a discourse associated with the ideas of the “psychology of poverty” (Ardila, 1990) positions those affected as embodying some form of sub-culture that is associated with moral deficiencies and that results in a different language, sense of time and locus of control amongst those who participate in

it. This stigmatisation of the poor and the banalisation of their suffering has as its counterpart the construction of wealth (and sanity) as a property of the middle-class; while poverty is presented as a collective condition, wealth is attributed to the individual effort. While people in the shelter were targeted by a variety of programmes (comprising areas such as sexual and reproductive health and hygiene, children's rights and literacy) those of the middle-class were removed –owing to their resources— from the charitable policies of NGOs and the State. The class division amongst those affected was consecrated with the creation of a “Middle-Class Commission” through which negotiations were started regarding specific policies for this sector, such as credits on favourable terms for the construction of houses in middle-class areas chosen by the beneficiaries.

As a result, the lives of ‘damnificados’ were considered as part of the programmable objects of the public sphere, while the affairs of the middle class were mostly treated in terms of negotiation of issues put forward by them. The public condition of ‘damnificados’ was settled by their actual accessibility in public spaces such as shelters, and the lack of resources that could enable them to appear in front of institutions as legitimate negotiators. This was reinforced by images in the media that opposed their passiveness to the middle-class agency.

This differentiation is assumed by a neo-liberal praxis that in Venezuela reinforced social exclusion under the guise of promoting individual initiative (Lozada, 1996). This neo-liberal project –advocated by the middle and upper classes— calls for an economic and social self-reliance that –aimed solely at the poor— implies that people should take responsibility for services that are public (such as waste disposal, cleaning of streets and provision of medicines in hospitals) as a way to exercise their citizenship.

The provision of separate services and the elaboration of the knowledges and practices asserting their special qualities and needs functions to consolidate the segregation of the poorest. This public differentiation established between the poorest and the “middle-class” was frequently protested by some of those (poor) affected. In the context of the intervention of AVEPSO, a schoolteacher complained about the self-reference that

people from wealthy areas of Vargas made to being “middle-class”, as a way of talking in terms of “us, the middle class”¹⁹ as opposed to them, the poor:

What middle class...We are equals...because, that [property] is the only difference, that you were lucky or you worked to have something...many people persist in the discrimination, “us the middle class”, the middle class, even people from Los Corales [are calling themselves] “the middle class” [T26-AVEPSO].

These attempts to interrupt a class discourse are doomed, however, as they stand upon the consideration of class identity as an intrapsychic condition with disregard to their relational and material foundations.

UNICEF’s intervention engages with the dynamics of exclusion and inclusion in Venezuela, by which the social spacing afforded by the construction of those affected as “others” promotes their banishment from the social space of interveners, contributing thus to their dehumanisation.

Psychologisation and the political dismissal of the affected population

The role of psy-experts –presented, in the context of the trauma discourse, as experts in normality— turns doctors, psychologists and psychiatrists into “authenticators of suffering” (Bracken et al., 1997b, p. 436), a position of authority that is asserted through silencing, excluding and disqualifying other voices on the issue²⁰. The participation of psy-experts as validators of people’s suffering as a consequence of the disaster has a double consequence: on the one hand, it pathologises people’s condition by framing it within the domain of psychology; on the other, it conditions people’s entitlements to the psychological sanction, excluding thus other positions. In particular, to the extent that Psychology has been identified as the relevant domain for policy-makers, those affected are displaced as legitimate political actors and, in general, as participants in the process of political decision-making and accountability as citizens. The assertion of psychological authority over people’s condition functions to erode the autonomy of communities and to reinforce their exclusion as citizens with a political voice and a

¹⁹ Significantly, a conservative leader of the opposition to Chávez started a radio programme and a newspaper column named “Nosotros, la clase media” [Us, the middle-class]. The Bolivarian movement, in turn, created an organisation called “Clase Media en Positivo” [Middle Class in Positive] in order to dispute the alliance of this sector of society with the opposition to Chávez.

²⁰ During the intervention of the “Red de Apoyo Psicológico” in a shelter in the south-west of Caracas (Teo Capriles), a poster on the door of the “Psychological Service” indicated the type of volunteers that were being accepted and explicitly rejected unorthodox practices such as ‘hand imposition’ and

warranted public space entitled to influence the actions and decisions of the State and society at large.

In this context, people's rights are reconceptualised "in terms of psychological recognition and custodianship rather than freedoms, that is, as protection by official bodies, rather than protection from official bodies" (Pupavac, 2001b, p. 360). The failure of public bodies to provide psychosocial programmes or of individuals to take up offered psychosocial support is considered as socially irresponsible.

According to Pupavac the political delegitimisation of people targeted by psychosocial interventions results from the way in which these construct communities as being "permanently vulnerable and in need of external help" (2002, p. 5) for reason of the trauma, and therefore incapable of determining their own lives and societies. As –within the trauma discourse— conflicts are attributed to unresolved psychological shocks, these interventions tend to delegitimise beneficiary populations as political actors, echoing thus racist and colonial psychologists who pathologised the colonial subjects and invalidated them as political actors on the basis of their diminished rational capacities.

The community's need for tutelage is also asserted through the promotion of discourses on childhood and the presentation of an aid imagery centred on the grateful needy child as main beneficiary (Burman, 1995). These discourses on childhood –which as Burman points out are central to the definitions of adulthood— function simultaneously to assert the innocence of the child "at the expense of implying the culpability of others" (Burman, 1994c, p. 243) (including parents, families, communities and governments), while attesting the responsibility of the intervener.

The forms of relationship instituted through psychosocial interventions entail an infantilisation of the South and the denial of its moral and political capacity (Burman, 1994c; Pupavac, 2001a). According to Burman (1994c), this recalls paternal and patronising imperial relations that promote unilinear and homogenous models of economic and psychological development. This generalisation of Northern criteria as universal measures (in the psychological and social arenas) functions to define development in an unproblematic way (as the differential between the North and the

'mobilisation of energy'. Those wanting to work with the "Psychological Service" were asked to register

South) while promoting “neo-colonial patronage” as part of aid initiatives. The modernising model at the core of this proposal will be analysed in the following sections.

THE PROMISE OF EMPOWERMENT THROUGH PARTICIPATION

Another significant political impact of UNICEF’s intervention derives from its commitment to local participation as a central strategy for empowering the affected population. In practice, this entails transferring knowledge to the family so they can be turned into the “basic therapeutic unit” [T43-INT-DES] and involving adolescents as “play therapists” in the attention to children:

Valuing adolescents as play therapists in a mass process, truly empowering them, is a commitment that local emergency committees should make when defining contingency plans for vulnerable groups. It is a matter of democratisation of knowledge and transference of the power of simplified technology to new agents with a great capacity for penetrating the social fabric of the community [T5-DOC].

Within this proposal, families are presented as guaranteeing the sustainability of the intervention by continuing with the therapeutic action initiated by UNICEF once the organization’s interveners have ceased their work. This form of participation demands that those affected adopt UNICEF’s goals and methods as their own. The resulting advocacy –that reflects what interveners consider valuable amongst those affected— require participants to adhere to the models and explanations provided by the intervention. In the light of a discourse that blames those affected for their own exclusion –which is attributed to their deficient involvement in collective issues, lack of civilian habits and projects— accepting the participatory premises of the intervention require ‘beneficiaries’ to take up the blame for their situation.

While the Freiran advocacy of empowerment in the context of participatory processes referred to a possibility of action awakening people’s consciousness to the situation of subjection to which they were submitted (Freire, 1974), UNICEF’s position implies enlisting those affected for the achievement of goals which have been established without their participation or any engagement with emancipatory strategies. Similarly,

with the service coordinator, who was in charge of screening applicants.

whereas for Freire knowledge was a condition for intervention that was in service either of the transforming or preservation of a class relationship in which subjects were in relationships of oppression or domination (Freire, 1972), in the context of UNICEF's proposal it appears as a resource that can be transferred and uncritically adopted by communities. This is certainly incompatible with the Freirean notion of "liberated understanding" –a central tenet of his participatory methodology— which is an achievement rather than a starting point of the participatory process. As Cleaver points out, this radical empowerment discourse is associated with the vindication of both individual and class actions, aims at the transformation of "structures of subordination through radical changes in law, property rights, the institutions of society" (2001, p. 37).

This transference of a therapeutic function to the family seems representative of Cooke and Kothari's contention that participation can result in some form of political co-option that requires contributions from participants and thus the "transfer [of] some of the project costs on to the beneficiaries" (2001a, p. 6). In this way, participation is nowadays considered as a way of generating greater productivity at lower costs, as an efficient mechanism for service delivery or to reduce maintenance costs (Mosse, 2001). It has become another management tool promoted by donors to ensure value for money and sustainable impact (Hailey, 2001). Particularly, it has a central legitimising value, as it appears as a democratic process, while functioning as "a means for top-down planning to be imposed from the bottom up" (Hildyard, Hedge, Wolvekamp, & Reddy, 2001, p. 60).

The implications of participating under these conditions question both the rationality of participating and the irresponsibility of not doing so, to the extent that the inclusion in participatory processes may actually constitute a form of reproducing and sustaining social subordination that damages those whom the intervention is supposed to empower (Cooke & Kothari, 2001b).

UNICEF's identification of empowerment with the transference of psychological knowledge constructs power as a sort of "commodity to be possessed exchanged or manipulated" (Hendrie, 1997, p. 58) and the power position of the community as defined by its 'possession' or 'lack' of specialized knowledge for the treatment of trauma. This simplification of the notion of power within the theory and practice of

participation has –as will be shown—fundamental consequences for the type of changes promoted as part of interventions.

In other cases, the promotion of participation as part of UNICEF’s intervention is placed in the intersection between the therapeutic and the social spaces, linking the need to overcome sadness and the initiation of the process of reconstruction. This places the possibility of change in the micro-social level:

Now that the disaster has passed, we have the need and the opportunity to build another life: a better life. To do that, we must retake the initiative, rebuild our lives, imagine together a prosperous future and bring effort to build it [T2-DOC].

Although in this text [T2-DOC] there are references to the role of the organised community in the demand of their rights and the achievement of social justice, the emphasis is placed within the community, without a clear articulation of its positioning with regards to the rest of the Venezuelan society. This promotion of local participation follows from the myth of communities as capable of anything as if “all that is required is sufficient mobilisation” (Cleaver, 2001, p. 46). At the same time, it seems to ignore the limitations and constraints imposed by the structural workings of power.

With regard to interveners, the focus on local participation (and resources) makes them appear as having nothing to offer to communities and –with it— legitimising the vanishing of society and State’s responsibility over its citizens.

At the level of practices, the use of workshops exemplifies this denial of the power of the sponsoring institution and its agents, who are presented as mere ‘facilitators’ of processes the outcome (or lack) of which is attributed to participants. A style of work within a reduced scope is presented, thus, as having the potential to override power dynamics that crosscut the intervention, denying –at the same time— the actual functioning of power within the intervention and providing a simplistic account of what power (and transformation) is about.

The advocacy of participation as a ritualised solution to structural problems has led Cooke and Kothari to examine the received wisdom according to which participatory development guarantees accountability and benefits participants. Following an exhaustive examination of its principles and implications, they concluded that participation has been constituted as an orthodoxy that functions –within development

projects— as a new “tyranny” (Cooke & Kothari, 2001b). The tyrannical potential of participatory development –which the authors consider as systemic, rather than as a matter of operations or techniques— would emerge from the simplistic understanding of communities as homogenous, static and harmonious units; from the covert transference of cost to participants; and from the structuring of local knowledge by organisationally led planning processes.

Crucially, this promotion of participation that advocates local changes is generally naïve about the complexity of power relations. While an emphasis on the micro-level leaves the national and the global intact, obscuring broader macro-level inequalities (Cooke & Kothari, 2001b; Mohan, 2001), the importance of other places where power and knowledge are located –within “the Western development community and with the state” (Cooke & Kothari, 2001a, p. 12)— are minimized.

Under these conditions, references to participation function primarily as a “system of representations” that, although providing little guidance for the implementation of the project remain important “in negotiating relationships with donors, and more widely in underpinning positions within development policy debates” (Cooke & Kothari, 2001a, p. 8).

The prospect of empowerment through the adoption of a therapeutic role –as proposed by UNICEF’s project— removes the transformatory strategy and supports a proposal of individual change that leaves unaltered the social organisation. The project’s assertion (in reference to the Colombian population affected by conflict) that “only psychoemotional recuperation will help them become real agents in the construction of the country in times of peace” [T5-DOC] tends to perpetuate the understanding of those affected as culpable of their own exclusion (on account of their psychoemotional condition), while placing the ‘empowering’ strategy as a means to reinforce victimisation.

To the extent that this discourse on empowerment affords those affected particular subject positions within which the reduction of the State and the assumption of the responsibility (and costs) by subjects can be willingly performed, easing thus the authoritative force of the power mandate, this form of empowerment is akin to what

Foucault calls “subjection” (Henkel & Stirrat, 2001). Participation under these conditions would constitute, thus, the ultimate form of governance.

In the light of these considerations, it is fundamental to ask –as Henkel and Stirrat (2001) suggest— not how much people are empowered, but for what.

UNICEF’S PSYCHOSOCIAL INTERVENTION AND THE PROMOTION OF A MODERN DEVELOPMENT PROJECT

UNICEF’s intervention embodies a project of modernisation that comprises those affected both as subjects and as part of the Venezuelan society. The promotion of modernity is expressed in a discourse about development that refers both to the transition from childhood to adulthood and from ‘primitivism’ to modernity. This progress towards modernity has been described by Shanin in the following terms:

With a few temporary deviations, all societies are advancing naturally and consistently ‘up’, on a route from poverty, barbarism, despotism and ignorance to riches, civilization, democracy and rationality, the highest expression of which is science (1997, p. 65).

In this sense, modern times appear –as Bauman has pointed out— as “an arrow with a pointer” (1992, p. 162), organising progress as the transit from past to future through straight lines marked by the project: “like in any straight line, there was but one and only one way of connecting any two points – one could move from one point to another only passing through a specific stretch of line” (Bauman, 1992, p. 165). This sense of time and progress is mirrored in developmental projects:

As currently conceptualised, developmental models imply a hierarchical transition from a condition of deficiency to one of completion. The lack is therefore defined in terms of developmental processes subordinated to a homogenized uniformity that purports to be universal, but applies European values and criteria worldwide (Burman, 1994b, p. 15).

Furthermore, to the extent that such development implies aligning the affected population sheltered in Fuerte Tiuna with the values and behaviours of the middle and upper class –that is, with those of interveners— (and through this with the promise of similar social position) UNICEF’s project can also be considered as promoting a moral reform with a conservative sign. At the base of this project is the location of the affected population in a situation of “backwardness” –as “living in very primitive stages” [T53-

INT-IMP]– regarding modernity, such backwardness being to blame for their socio-economic conditions. The overcoming of psychological problems is considered as necessary for an economic and social development that is defined as dependent on the exercise of individual rational capacities.

The lack of self-discipline (that is their poor contribution to their own governance) is considered as a fundamental deficiency of the affected population. The consolidation of this and other traits into a “type” that describes the population, supports their identification as socially and psychologically inadequate to foster children’s development. For this reason, the promotion of a differentiation between children and their families (and of identification with interveners and the military) appears as a means to promote their social reinscription under civilized ways. This development – which is described as following a single path from childhood to adulthood— demands the establishment of the rational self-regulating subject, specified in the intervention by regard to evaluation criteria provided by Psychology. From this perspective, the manageability of the self depends to great extent on its development to standards of modernity.

In this fashion, a classed form of social organisation finds its way into a developmental proposal contained within UNICEF’s intervention. The constitution of the intervention as a proposal of the modernization of those excluded appears, thus, as the inevitable consequence of the way in which the project has been grounded not solely in the deep social divisions of Venezuela but, particularly, in the pole of exclusion of society.

This modernising project appears as well as a project for the moral rehabilitation of the marginalized population to the standards of the middle and upper class. The intervener’s astonishment at the behaviour of those affected [T53-INT-IMP, T46-INT-IMP] is elaborated from a detachment that reasserts their own superiority. To the extent that the Psychology they advocate has been modelled on the image of the middle-class, the promotion of changes of values and behaviours of the population construct the intervention as a project of moral reform. According to Escobar this modernization of the indigenous communities has been identified with “the adoption of the ‘right’ values –namely, those (...) embodied in the ideal of the cultivated European” (1997, p. 90).

The perception of “psychosocial projects” as associated with the establishment of a “moral topography” by reference to the poor in Venezuela can be illustrated by an incident in the context of the intervention carried out by AVEPSO in a ‘barrio’ in the State of Vargas. One afternoon, after a group of students of Psychology and psychologists (including myself) were leaving a school located in the middle of the ‘barrio’ a man approached the group demanding an explanation for our presence there, with the following words:

What statistics do you come to look for: of rapes, of robberies, of murders or of poor people like us? [T9 – AVEPSO].

Another way in which the intervention promotes its modernizing aims is through the treatment of what it calls the “folk wisdom” of communities. As part of its intervention methodologies, UNICEF appeals to “traditional forms of care for children” [T5-DOC], which require –nonetheless— to be sorted and endorsed by UNICEF. The recovery of such “folk wisdom” is argued for in ambivalent terms: valuable as expressing attention and interest in children and dangerous as potentially promoting cruelty towards them:

The communities possess biochemical knowledge worth taking into account. However, there are some actions that cannot be used. Those that promote maltreatment of the child must be eliminated, as well as those which can make them ill due to lack of hygiene. In any case, the general balance provides a valuable result with regard to traditional family and community strategies since they are full of affection and interest in the welfare of the children [T5-DOC].

In this context, UNICEF assumes the role of ‘sorting’ this folk wisdom with recourse to the expert’s knowledge, who knows “what is really happening with the child” [T5-DOC]. In its methodological handbook for the intervention, UNICEF presents an account of “traditional forms of care for children psychoaffectively affected by violence” [T5-DOC] amongst two Colombian communities. The handbook discusses these forms of care in the light of the expert’s knowledge. The case of children’s aggressiveness is presented as follows:

Aggressiveness: (anger) It is customary to use "foxtail" verbena (verbena having a fairly long "tail"); the child is punished and bathed, rubbing his or her neck and head, and the herb is placed beneath the pillow. It is thought good to use the purple-leafed herb, called "justice-tamer". The reason it works is that "two furies make happiness" – apparently a compensatory "law" which seeks a balance exists in some of the therapeutic strategies in this group of displaced persons. The child is also given urine to drink. Some measures harm the child, so it is necessary to

identify them and analyse them with the community, in order to take advantage of those which benefit children and eliminate those which are harmful. [T5-DOC].

In other cases, the communities traditional treatment for children are presented without comment, as in the case of the “treatment for ‘solitariness’”:

Solitariness: If the child "has his head to one side", doesn't eat, doesn't sleep peacefully, then he or she should be given an infusion of marihuana or tobacco and his or her joints should be massaged. If there is vomiting, the kind of vomit should be analysed. If it is sour, it is a stomach problem; if it is liquid, it results from nerves and fright. Infusions of hierba de chivo, gallinaza or poppy are given. The child is also rubbed with alcohol, agua florida and urine, every afternoon at 6 pm, three times. Thus the child sweats and "loneliness leaves him" [T5-DOC].

While some texts are presented with an accompanying comment, others are presented without further interpretation. While the categories employed by the communities are uncritically adopted, they are re-classified by the intervention within ‘scientific’ categories associated with the “psychoaffective”.

This framing of the intervention within the parameters brought by UNICEF implies a process of exclusion that ‘purifies’ local knowledge from its irrationalities, substituting the unacceptable notions with scientifically validated ones endorsed by the intervention and its experts. On that account, by inscribing and structuring traditional knowledge within its framework, UNICEF’s intervention operates an exclusion of what might challenge the status quo or appear as unmanageable (Kothari, 2001).

At the same time, this process involves the simplification and decontextualization of traditional knowledges and practices, which are reduced to formulas –as in the case of the use of dolls— and, so standardised, are denied the cultural specificity that identifies them as part of a culture, being such cultures –by the same token— stereotyped.

Despite the project being presented as an integration between traditional and modern scientific knowledge, in fact it entails the structuring of local knowledge within the one held by UNICEF, establishing thus a hierarchy between modern and traditional knowledge amenable to modernization. Sources of knowledge left at the margins include religion, myths and the collective memory of the affected populations.

This way of knowing proposed as part of UNICEF’s intervention imposes the absence of the other and to the extent that this other is constructed through an anticipation that in

practice cancels the future with its uncertainty, such form of “knowledge never encounters anything truly other in the world” (Levinas, 1989, p. 46).

SUFFERING AS AN ETHICAL-POLITICAL EXPERIENCE IN THE VENEZUELAN CONTEXT

The therapeutic model put forward by UNICEF’s intervention is incapable of responding to the specificity of suffering amongst those in Fuerte Tiuna that is simultaneously expression of a personal experience of exclusion reinforced by the disaster and of the collective macro-level inequalities within which their situation is perpetuated.

The continuity of a suffering provoked by the way in which the disaster intersects with their condition of social exclusion makes it an experience impossible to understand as resulting from an exceptional breakdown of social order. It appears, on the contrary, as a consequence of the proper functioning of social institutions in Venezuela. Under such conditions it is possible to affirm, with Davies, that “social organization hurts” (1992, p. 152).

In response to this limitation of mainstream Psychology to understand and intervene in an experience of suffering mediated by social injustice, Sawaia (2001) has put forward the notion of “ethical political suffering”. This notion constitutes an attempt to account for a suffering associated not solely to the poverty of those excluded, but to the disregard of the rest of society for their suffering and for their place in society, that is, of “not being felt as pain by everyone” (Sawaia, 2001, p. 102).

In the case of Venezuela, the denial and silencing of people’s suffering (through banalisation or social categorization, for example) reproduces the fragmentation of a social order that depends on the legitimation of such an exclusion (Guareschi, 2001). At the same time, it precludes the generation of spaces for identification through which the rest of society could recognise itself in the predicament of those excluded in order to support processes of social integration. It follows an authoritarian trend that –mostly elaborated by reference to the issue of crime—advocated the cultural, social, political, economical and territorial segregation of the poor from the wealthy regarding public spaces. This position –defended by organizations self defined as ‘civil society’—implied a rupture of social solidarity and a depoliticising retreat to the private spaces

limiting, in this way, the possibility of political collective action (Lozada, 1996; Rodriguez-Mora, 1996b).

According to Sawaia (2001), the confrontation of exclusion should aim to surpass individualism and corporativism to produce a form of “public happiness” associated with the conquest of citizenship by those excluded. It would result from the association of two strategies: one of material and judicial order and the other of affective and intersubjective order. In the first case, the strategy points at public powers, while in the second it aims at the rest of the sphere where power is to be found.

This understanding aims to recover the subject lost in the macro-social analysis without losing the collective. A fundamental aspect of the notion of “ethical political suffering” is that exclusion/inclusion is presented as constituting a single and indissociable category, formed in the same relationship. As a consequence, exclusion appears not as a condition that is acquired and that can be resolved at the subject’s discretion, but as a complex process configured in the midst of a variety of material and subjective confluences.

Sawaia considers “ethical political suffering” as a destabilizing category that questions epistemological and ontological assumptions of the constituted knowledge about exclusion. The relational nature of the notion introduces an ethical component that recovers the affective dimension so as to deny “the neutrality of scientific reflections about social inequality, allowing, without losing the theoretical-methodological rigour, to maintain alive the capacity to feel indignation in front of poverty” (Sawaia, 2001, p. 98).

From this perspective, it is not possible to adhere to psychological categories that consider people only as ‘victims of trauma’, from which –paraphrasing Hendrie (1997)— it becomes hard to credit the idea that their condition results from a process with culprits and beneficiaries.

In Venezuela, several conditions reveal the possibility of understanding and acting upon the suffering of those affected as an ethical political experience. While the deep socio-economic crisis certainly operates against the generation of spaces for dialogue, which has been furthered undermined by a political conflict largely promoted on the basis of the fear of the other (particularly by the middle-class regarding potential invaders from

the slums surrounding Caracas), alternative positions seem to emerge –as Burman (1996) has pointed out— from the contradictions provided by the institutional definitions and categorisations of the different discourses, in this case, within the intervention.

In particular, the recognition of a social solidarity that was effective immediately after the disaster –and which was supported by intervening agencies—, the recognition of the structural character of people’s exclusion by UNICEF’s personnel and the process of changes supported by the government of Chávez seem to provide elements within which the notions of social organisation and mobilisation within UNICEF’s intervention can be employed to challenge the system of exclusion/inclusion. From this perspective, the conditions are created from which to perform positions as participants within an emancipatory process. The precedent of solidarity actions, recognition of collective capacities and activation of social networks during the disaster provide an alternative account of people’s capabilities.

However, in order to develop these alternative positions it is fundamental for interveners to recognise themselves as part of the social processes in which the intervention is embedded. This demands the interruption of ‘othering’ through the recognition of the intervener’s investment in the construction of the ‘other’ at an organizational, personal and social level.

At an ethical level, this perspective demands abandoning what Bracken (1997b) describes as the “modernist responsibility to act” in favour of an ethical sensibility that avoids ‘ordering’ (and ‘othering’) the experiences of those affected such that a multiplicity of voices and visions can emerge, within which the social may reveal all its complexity and ambivalence. This form of encounter implies approaching the other as “distinct” (Guareschi, 1988), within a dialogical relationship that vindicates alterity.

While pain universalised in PTSD inhibits the generation of a political stance from which interveners can assess the particularities of people’s positions, this perspective would demand the development of what Lira calls a “committed bond” (1989a) with those affected. This “committed bond” –unlike the political literacy that some authors (i.e. Jones, 1996) propose in order to guarantee some form of detachment —implies the development of some form of emancipatory project from which –as Burman et al.

(1997) suggest— it is possible to “document and theorise the field of action and modes of resistance possible within prevailing social arrangements” (p. 2). While –as some authors propose— there is no retreat from the regimes of truth that institutions construct and the positions they tender to subjects, subjects perform those positions in particular ways, such that subjectivity does not constitute a mere effect and agency is restored to the subject (Burman, 1996; Hollway, 1984).

As for the development of an emancipatory psychology in the context of welfare programmes –such as post-disaster interventions— its transformatory potential would depend –as Hollway (1989) has pointed out regarding feminist psychology— on the simultaneous development of knowledges and practices capable of restoring and accounting for the complexity of social relations while consciously modifying the structures into which they are inserted.

CONCLUDING COMMENTS: AN INQUIRY INTO INTERVENTION OPTIONS

To conclude this thesis, I would like to present some remarks concerning the operation of power within UNICEF's psychosocial intervention in Venezuela (particularly the effects of appealing to the notion of trauma) in order to identify and discuss options for the development of this type of intervention in the context of emergencies.

This thesis examined UNICEF's psychosocial intervention in Venezuela after the disaster caused by the floods and mudslides of December 1999. The debate about this type of intervention has generally focused on the different perspectives that inform them, their inter-cultural validity and their efficacy in relieving trauma symptoms. This research has attempted to address broader issues related to the psychosocial models displayed by interventions and the power effects these models produce in their engagement with the beneficiary population. In this respect, I focused on some disciplinary, political and ethical implications of UNICEF's intervention in the context of the social and political polarization in Venezuela. These implications can be considered to derive not only from the psychological models underlying the intervention but also from the intervention's focus on a marginalized population (as the one sheltered in Fuerte Tiuna) and how –as a result– discourses on the psychological impact of the disaster intersect with those about the origin of poverty and exclusion.

The analysis was introduced with a review of the current debate on psychosocial interventions in emergencies, in order to present a discussion of the operation of UNICEF's intervention in Venezuela as a form of disciplinary power that operates by positioning subjects within prevailing social arrangements so as to support the reproduction of order. I examined how UNICEF's intervention puts forward a series of discourses and practices concerning the disaster and its psychological impact which engage (in contradictory ways) with the dynamics that reproduce social exclusion in Venezuela. Of particular significance was the analysis of how by appealing to the notion of trauma to construct subjects as bearers of internal psychological structures and

processes, the attention to structural issues and social dynamics was displaced. This displacement from the structural foundations of social exclusion enabled interveners (and those affected) to experience and act upon the people's condition as traumatized disregarding social, political and economic processes in which such condition is embedded, reinforcing the prevailing social order.

However, this discourse about trauma –elaborated within references to the “psychoaffective”– was destabilized during the second phase of the intervention by reference to people's poverty and exclusion introduced within a discourse on the “psychosocial”. In this second phase, discourses on the impact of the disaster were situated on references to people's social exclusion, and operated in contradictory directions: either to recognize the material basis and structural character of exclusion or to reassert it by blaming those excluded for their own situation. In this respect, UNICEF's intervention engaged with the social polarization of Venezuela at the time of the disaster, despite the organization's declared apolitical stance. Nonetheless, the predominance of a dualist model of subject and society common to the “psychoaffective” and “psychosocial” perspectives provided continuity between the two phases of the intervention and resulted in a focus on individuals and their internality, as tendered in the notion of trauma.

Amongst the several conditions that compound to make this discourse on the impact of the disaster possible in the context of UNICEF's intervention in Venezuela, the diffusion of the trauma model within mainstream psychology and popular culture and its widespread significance as a source of sense in Venezuelan society appears as a central one. Other conditions are associated with the limited spatial and temporal frameworks of the humanitarian work (which demands concise actions and short-term results), class differences between interveners and those affected and the pervasiveness of explanations about poverty that construct it as moral and social degradation (that demands rehabilitation) instead of as an outcome of social dynamics. As a result of this, the aims of the intervention concentrate on those sheltered in Fuerte Tiuna, either to treat their psychological condition or to promote changes in collective attitudes and behaviours. In this way, social change is defined in micro-social and attitudinal terms within those affected by exclusion, while disregarding the conditions that limit and shape people's possibility for action in a structural sense.

These power effects of the intervention cannot be considered the intentional result of UNICEF's aims. They derive, instead, from the intervention's insertion in the dominant psychological discourses and their engagement with the institutional and social dynamics in Venezuela. In this respect, a crucial role is played by the relevance of psychodisciplines in providing intelligibility for people's experiences of negative events, and particularly the diffusion of the notion of trauma. In Venezuela, this has been furthered by the influence of what Bracken (1995) calls the Westernised professional sector in psychology and their relevance in shaping media debates and public policy. UNICEF's project should be examined in the context of the variety of psychologically oriented interventions that were implemented in Venezuela after the disaster and as part of the response to an established demand for psychological attention and, particularly, for clinical treatment.

Furthermore, UNICEF's possibility of control over the processes of the intervention appears as limited not only by the project design that is institutionally sanctioned, the different actors involved as a result of partnerships established for the implementation and the psychological culture within which the intervention is embedded, but more fundamentally by the character —of interveners and beneficiaries— as interpretative subjects. This endows them with the capacity for performing positions tendered by the discourses of intervention in particular ways that —through their transformative potential— reveal that subjectivity is not a mere effect (Burman, 1996). At the same time, this contributes to generating a gap between the rational programme —as proposed by the project design and its practical resources— and the power effects of the intervention, which results from the engagement between the project and the targeted population in the specific conditions of implementation.

UNICEF's lack of examination of these power effects is reinforced by the organisation's assumption about its political neutrality, which is endorsed by the adoption of a psychological framework, and the premise of impartiality associated with science.

In this context, the use of the notion of trauma appears as particularly problematic for theorising and acting upon the impact of negative events in the Venezuelan society, which is marked by underdevelopment, deep economic inequalities and a pronounced social and political polarisation. Initially, this inadequacy results from the way in which

the appeal to a clinical category (such as PTSD) leads to focus on the subject's internality, obscuring the workings of power and contributing to the normalisation of social order. While the intervention focused on an excluded sector of the Venezuelan population, the appeal to the notion of trauma did not allow interveners to capture the complexity of the relationship between the resolution of psychological problems associated with the disaster and the process of social reorganisation capable of addressing the dynamics of exclusion.

The peculiarities of the situation of those affected (due, amongst other things, to the lack of a resourceful community where people can recover, the impossibility of establishing a point of rupture associated with the trauma and the conflation of many negative events and conditions) provided the intervention with a context in which the notion of trauma operated in contradictory ways. On the one hand, the use of trauma contributed to universalise people's pain associated with the disaster, supporting a psychologically based identity between different groups and displacing the attention from the social and political polarisation and its material basis. On the other, the intersection of the discourse on trauma with one that blames those affected for their poverty and exclusion functioned to dismiss people's suffering by presenting their social condition as deflecting the normal traumatic impact of the disaster. As a result, the otherness of those excluded is reasserted by references both to a psychological discourse and to a discourse on poverty and its causes. In this way, UNICEF's intervention in Fuerte Tiuna engages and reproduces the system of differences within which the exclusion in Venezuela is legitimised, contributing thus to the suffering that the intervention aims to eradicate.

Inconsistencies in this discourse are introduced during the second phase of the intervention, when the transition towards the "psychosocial" is accompanied by references to the structural situation that places those affected as excluded. These references provide alternative positions (for interveners and those affected) that question the possibility of addressing the issue of suffering by sole reference to the subject's internality, and that place the processes of recovery within prospects of social change. These inconsistencies seem to arise from the simultaneous operation, in Venezuela, of mainstream psychology alongside (and in interaction with) a Latin-American perspective that privileges social change and a critical understanding of the disciplinary effects of psychology and which was introduced following the participation of local

professionals during the second phase of the intervention. However, the prevalence in both perspectives of the individual-society dualism and the difficulty of generating actions to respond to the intersection between the effects of the structural and those of the disaster under the operation conditions of the intervention leads to perpetuate the emphasis on the individual as maintained in the notion of trauma.

In the light of these considerations, it appears important to interrogate psychosocial interventions, such as the one implemented by UNICEF in Venezuela, for their potential of practicing psychology without imposing discipline and the intervention options that such a potential would demand.

In view of the conditions that made possible (and limited) UNICEF's project in Venezuela, it seems impracticable to suggest the discontinuation of psychosocial interventions in emergencies. While this does not imply an endorsement of dominant models, it recognises the inevitability of operating within a psychological culture that plays a prominent role in shaping people's experiences and institutional responses following disasters. Parker has analysed how the operation of psychological culture works in an ideological way because it saturates commonsense, in such a way that "our seemingly spontaneous psychology" reproduces "patterns of exclusion, pathology and power, and each is carried to us and through us by commonsense" (Parker, 1999, p. 14). This psychological culture operates beyond the boundaries of academic and professional practices and promotes forms of surveillance and self-regulation through which people participate in power structures and oppressive relations and institutions (Parker, 1999). For this reason, a critical analysis should be able to read politics into experience itself, remain suspicious of self-accounts and look to describe what produces them (Kelly, 2000). As for sources of resistance, the recognition of psychological culture in shaping people's experiences emphasises the importance of refraining from "romanticizing the positions of subordination/exclusion to treat these as authentic repositories of alternative perspectives" (Burman, 1996, p. 4), as is frequently the case within Latin-American social psychology. It also requires deconstructing the universal subject in order to identify the "constellations of social power" existing amongst those located within positions of exclusion (Hyndman, 1998).

An alternative perspective on interventions, in this respect, should be supported by the development of critical accounts of the function of psychology as a discipline (Allwood,

1996) capable of promoting awareness among institutions, practitioners and communities about the way in which it encourages people “to think about themselves in certain ways and to place them in particular relations of power” (Parker, Levett, Kottler, & Burman, 1997, p. 198) that reinforce or undermine specific social arrangements. In this way, while –as Hollway (1984) and Burman (1996) suggest— there is no retreat from the regimes of truth that institutions construct and the positions they tender to subjects, it is possible to restore agency to the subjects by recognising alternative discourses and the contradictions they introduce, which can constitute “a resource for the elaboration of resistance to institutional definitions and categorisations” (Burman, 1996, p. 4).

In the Venezuelan case, the contradictions introduced by references to the structural within a discourse on the “psychosocial” (associated with Latin-American social psychology) seem to provide alternative positions capable of challenging the power effects of UNICEF’s intervention. These references to the structural (and the analyses of how they are obscured by mainstream explanations on trauma) could provide leads for the development of knowledges and practices capable of restoring and accounting for the complexity of social relations in Venezuela, while simultaneously aiming to change the structures into which such knowledges are inserted. A fundamental issue that this strategy should aim to address is the combined impact on populations such as the one in Fuerte Tiuna of social and political exclusion and the consequences of the disaster. In Venezuela, those most subjected to both forms of suffering are the excluded populations, whose position is maintained not only through discursive means but through forms of materiality and spatial distances that affirm social distances (Bourdieu, 1999b).

In this sense, it seems fundamental to understand the dynamics between what Bourdieu (1999a) identifies as the ‘ordinary’ suffering characteristic of the social order –and the social categories most exposed to it— and the extraordinary suffering provoked by conditions such as the disaster. In order to attend to this dynamic, Sawaia (2001) has put forward the notion of “ethical-political suffering”. According to this theorisation, suffering can be understood as occupying an interstitial space (Jodelet, 2001) between the material and institutional organisation of society and its affective and ethical order.

These interstitial spaces function to fix forms and experiences of exclusion that are grounded in the normal functioning of social order.

Following this understanding, the promotion of alternative practices in psychosocial interventions would require a double strategy to attend to the dynamics between subjective and structural foundations of social suffering in the specific context of the disaster and to overcome the focus on the internality as maintained by the clinical categories associated with the trauma model. Despite UNICEF's active attempt to incorporate a critical perspective into its intervention in Venezuela, the possibility of adopting these fundamental changes seems constrained by the organisation's limitations regarding funding deadlines, timing of the emergency response and the need to support the intervention's generalizability in the light of potential future applications (which tends to discard the changes effected in previous contexts). At the same time, such changes would be limited by the way in which international aid and development policies are presently conceptualised and practiced (Hendrickson, 1998), consecrating a dissociation between relief aid and development programmes.

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